URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-033967

FILED VS OCT 15 1959

ENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 9055 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: D.O.A. City Hospital #2 — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1442 A N. 15TH ST. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Collier Middle: MACK Last: Keys.
4. DATE OF DEATH: Month 9 Day 27 Year 59
5. SEX: MALE
6. COLOR OR RACE: COLORED
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/9/28
9. AGE (last birthday): 31 — IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): MERIDIAN, MISS.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: MACK Keys
13b. MOTHER'S MAIDEN NAME: ELIZA LEWIS
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.2
16. SOCIAL SECURITY NO.: 492-22-9875
17. INFORMANT: Bernice Mumphrey — Address: 1517 N. 14th

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gunshot Wound of Heart
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 984X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Shot with gun in hands
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DECEASED CONTRIBUTED TO INJURY (Occurred during work or while engaged in business, industry, or profession)
Justifiable Homicide — performance of official duty
20c. TIME OF INJURY: Hour 1203 a.m. Month, Day, Year 9 27 59 — about 1203 am. Sept 27 1959
during in vicinity of 7th & Cole Sts.
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
20f. CITY, TOWN, OR LOCATION: St Louis — COUNTY: — STATE: Mo

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 1225 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or Title) Deputy Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 10/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10/5/59
23c. NAME OF CEMETERY OR CREMATORY: NATIONAL Cemetery
23d. LOCATION (City, town, or county) (State): ST. LOUIS CO. MO.

24. FUNERAL DIRECTOR: W. Robinson & Sons — ADDRESS: 2916 MADISON
25. DATE RECD. BY LOCAL REG.: OCT 2 '59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MB

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

~~or by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.