JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210563 59-042077 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri. Length of stay in 1b DOA

c. CITY OR TOWN St. Louis Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1715a South 12th Blvd., Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First James Middle Henry Last Key

4. DATE OF DEATH Month Day Year November 13, 1959

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 10/23/1889

9. AGE (last birthday) 70 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) Retired Press Operator

10b. KIND OF BUSINESS OR INDUSTRY Midwest Pipe Co.

11. BIRTHPLACE (City and state or country) Crawford County, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Key

13b. MOTHER'S MAIDEN NAME Nora Quinley

14. NAME OF HUSBAND OR WIFE Ruby Key, dec'd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil

16. SOCIAL SECURITY NO. 327-22-3623

17. INFORMANT Address Lena Cassidy, 1208 Lafayette Avenue.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Subdural Hemorrhage

Caused by

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fractured skull.

903.5

DUE TO (c) 44

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

Suffered in fall and indicated in 1959 Block of South 12th Street on November 13th 1959.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 11 1359

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.) 290 Street

20f. CITY, TOWN, OR LOCATION St Louis COUNTY Mo STATE

21. I attended the deceased from 1040 P. to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Patrick J. Taylor Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 11 16 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 11/16/59

23c. NAME OF CEMETERY OR CREMATORY Freeman Cemetery

23d. LOCATION (City, town, or county) (State) Cherryville, Missouri.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc., 4700 Washington Blvd.,

25. DATE RECD. BY LOCAL REG. NOV 16 1959

26. REGISTRAR'S SIGNATURE Earl Smith, M.D. MJB

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4077

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.