

1939 JUL 12 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

20924  
Do not use this space.

1. PLACE OF DEATH  
 (a) County..... 1 Registration District No..... 791  
 (b) Township..... 1 Primary Registration District No..... 1008 Registered No..... 5768  
 or  
 (c) City..... St. Louis (d) Street No..... Home Phillips St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME  
 (a) Residence, No. 1307 No 11th St. 35 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 39  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 FATHER 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " "  
 MOTHER 15. MAIDEN NAME " " " "  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " "  
 17. INFORMANT (ADDRESS) Homer Phillips  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Washington D.C. DATE 7-29-39  
 19. FUNERAL DIRECTOR (ADDRESS) Central Board  
 20. FILED Jun 29 1939 J. B. Beck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/23 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 4:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
 Trauma and laceration of spinal cord as a result of a gunshot wound inflicted at the hands of one Edna Kelly (cell) in self defense at 307 No 11th St. 9:30 P.M. Jan 28 1939  
 Date of onset  
 Other contributory causes of importance:  
 Justifiable Homicide  
 Name of operation Date of.....  
 What test confirmed diagnosis? Was there an autopsy?  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury 1-28-39  
 Where did injury occur? Home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury Nature of injury  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify (Signed) J. M. Green M.D. (Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE IN PENNY, WITH OMPADING INK—THIS IS A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**