S. No. 2
I—4-13-40
5-17-39
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866

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35554

FILED DEC 1 1942

Registration District No. 1948

Primary Registration District No. 1003

Registrar's No. 9678

1. PLACE OF DEATH:

(a) County

(b) City or town ST. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G Phillips O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Hours (Specify whether
In this community 18 yers
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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17
9
11

(a) State Mo. (b) County no

(c) City or town ST. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4136 A Easton
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John M. Kelley

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Mole

5. Color or race Col

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 17 (Day) - 1924 (Year)

8. AGE: Years 18 Months 4 Days 29 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Waiter

11. Industry or business Mo Pacific R.R.

FATHER
12. Name Albert Kelley
13. Birthplace Holley Spring Miss (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy Wilkin
15. Birthplace Holley Spring Miss (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Flora Page Sister

(b) Address 4136a Easton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-42 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Wash. Park.

18. (a) Signature of funeral director C. T. Nash

(b) Address 3847 Page Bl.

19. (a) NOV 20 1942 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th. year 1942 hour 3 minute 40 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death: Gun shot wound of Skull and Brain at the hands of one Henry Madison (col) Which was

Due to: Accidently Discharged as Henry Madison struck one

Due to: Calvin Taylor (col) on the Cheek with the Gun in his hand

Other conditions (Include pregnancy within 3 months of death): Causing the Deceased to be shot about 11 20 PM 11-15-42 in

Major findings: Brass of a Dance Hall Located at Vandeventer and West Belle Pl.

Operations

Autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Excusable Homicide

(b) Date of occurrence 11-5-42

(c) Where did injury occur? St Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury:

23. Signature Alfred Perry (M. D. or other)

Address Respectfully Coron Date signed 11/17/42

(Licensed Embalmer's Statement on Reverse Side)

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 3847 Page, Registered Apprentice No. ____, working under my personal supervision.

Signed C. J. Nash

Licensed Embalmer No. 7432

P. O. Address 3847 Page Blvd

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, fact should be so stated above.