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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 8 1943 318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **5998**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 3 days
(Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1136 N. Leonard
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Evelyn Kelly

3. (b) If veteran, name war no 3. (c) Social Security No. No Card

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 13, 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
23 4 16 hr. _____ min.

9. Birthplace Watervalley Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Kelly
13. Birthplace Watervalley Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Maxie Seat
15. Birthplace Watervalley Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. G.M. Moore
(b) Address Watervalley Ky.
17. (a) Burial (b) Date thereof July 2, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fulton Ky.

18. (a) Signature of funeral director Wright's Funeral Home.
(b) Address 3100 Easton Ave.

19. (a) JUN 30 1943 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29,
year 1943 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from April 26,
1943 to June 29, 1943.
that I last saw h. er alive on June 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Unk.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Alva Moore (M. D. or other) _____
Address 2601 Whittier Date signed 6/30/43

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

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4219^a E. Gay

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.