

FILED SEP 31 1945

STANDARD CERTIFICATE OF DEATH
1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(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 Y. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2800 Olive 94
(If rural, give location)
(e) Citizen of foreign country? 0
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BESSIE KELLY

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

4. Sex Female 5. Color or race Col 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 Unknown
(Month) (Day) (Year)
8. AGE: Years About 35 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Unknown

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Little
(b) Address 799 1/2 N. Irving

17. (a) Burial (b) Date thereof Sept 13/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director J. A. Green
(b) Address 2915 Franklin

19. (a) SEP 12 1945 (b) J. Howard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1945 hour 2 minute 40 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound of the head
entry or exit unknown in front of
2:06 p.m. Sept. 6, 1945

Due to Homicide at the hands of party
or parties unknown

Other conditions (Include pregnancy within 3 months of death) 166

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) (21) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence Sept 6, 1945

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public street

While at work? _____ (Specify type of place) (e) Means of injury Gunshot

23. Signature Catriel E Taylor (M.D. or other)

Address 1300 Clark Date signed 9-12-45

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

491

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.

Cont cert separately

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, fact should be so stated above.