

No. 300
-10-47
-17-39
I 3906

FILED DEC 8 1948 318

Registration District No. _____
Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County WAZEN-HADIN-E
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4028 ALPINE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community ABOUT 30 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4028 ALPINE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES GEORGE KELLEY

3. (b) If veteran, name war NONE 3. (c) Social Security No. 187-42-4870

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9-20-1898
(Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 0
If less than one day _____ hr. _____ min.

9. Birthplace LITTLE ROCK ARK.
(City, town, or county) (State or foreign country)

10. Usual occupation CLEAN COACH

11. Industry or business TERMINAL RAIL ROAD

12. Name REV. GEORGE KELLEY

13. Birthplace LITTLE ROCK ARK.
(City, town, or county) (State or foreign country)

14. Maiden name SAYANAH

15. Birthplace LITTLE ROCK ARK.
(City, town, or county) (State or foreign country)

16. (a) Informant Lula Huxley

(b) Address 2109 WHEAT

17. (a) BURIAL (b) Date thereof 11-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREEN WOOD

18. (a) Signature of funeral director Bennie Love

(b) Address 363 WASHINGTON AVE.

19. (a) NOV 29 1948 (b) J. B. Foster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 20
year 1948 hour 17 minute 44 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 3rd degree Burn of Duration _____
95% Body surface when oil
cooking stove exploded and
blew Kettle of hot soup
Nov. 20 1948 About 12:45 PM
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) Accident (D)

(b) Date of occurrence Nov. 20 1948

(c) Where did injury occur? at home
(City or town) (County) (State)

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

(Specify type of place) _____ (e) Means of injury scald

23. Signature Walter G. Perry (M. D. or other) _____
Address _____ Date signed 11/29/48

nil

Not embalmed -

STATEMENT BY LICENSED EMBALMER

*Reported by
Howard Hunt*

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, fact should be so stated above.