

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24942

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5877**

1. PLACE OF DEATH a. COUNTY <b>St. Louis.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____ d. STREET ADDRESS (If rural, give location) <b>1167 a Walton Ave</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ROOPER &amp; PHILLIPS HOSPITAL</b>		e. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
3. NAME OF DECEASED (Type or Print) <b>Vera Kelly</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 4 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3.4.1919</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	9. AGE (In years last birthday) <b>31</b>
11. BIRTHPLACE (State or foreign country) <b>Texas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>	
13a. FATHER'S NAME <b>Jimmie Moss</b>		13b. MOTHER'S MAIDEN NAME <b>Badie</b>	
14. NAME OF HUSBAND OR WIFE <b>Thomas Kelly</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>none</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Thomas Kelly</b> ADDRESS <b>1167 a Walton Ave</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <b>1. Fracture of skull. 2. Laceration of brain. 3. Ruptured liver, suffered when struck by machine operated by one, Wilma Bruce (Col.) in front of about 1149 Walton Ave., DUE TO (b) around 6:20 P.M., July 4, 1950.</b>	
II. OTHER SIGNIFICANT CONDITIONS: <b>ACCIDENT</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Missouri</b>	
21d. TIME OF INJURY <b>7-4-50</b> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Hit by Car</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:29</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Joseph M. Quent...</b>		23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>7/7/50</b>
24a. BURIAL INFORMATION, REMOVAL (Specify) _____	24b. DATE <b>6-9-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>To - - - - -</b>	24d. LOCATION (City, town, or county) (State) <b>Texarkana, Tex.</b>
DATE REC'D BY LOCAL <b>JUL 7 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Lanter</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Allen Dailes 3506 Franklin Ave</b>	

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

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*Embalmer's Certificate*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

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.