

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 9 1955

0931

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH
a. COUNTY **3**

b. CITY (If outside corporate limits, write RURAL and give town) **St Louis**
c. LENGTH OF STAY (in this place)
c. CITY OR TOWN **St Louis**
d. Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **204 Hans Philip Hosp.**
e. STREET ADDRESS (If rural, give location) **2252 1014 No. 14th**

3. NAME OF DECEASED (Type or Print)
a. (First) **James** b. (Middle) **Kelly** c. (Last) **Kelly**
4. DATE OF DEATH (Month) (Day) (Year) **Jun 27 1955**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**
8. DATE OF BIRTH **4 July 1910** 9. AGE (In years last birthday) **44**
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired**
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) **Mississippi**
12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. MOTHER'S NAME **Bess Kelly** 13b. MOTHER'S MAIDEN NAME **Leverman** 14. NAME OF HUSBAND OR WIFE **Helen Kelly**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, last rank) (If yes, give year or dates of service) **No**
16. SOCIAL SECURITY NO. **425-40-0911** 17. INFORMANT'S SIGNATURE OR NAME **Helen Kelly** ADDRESS **1014 No 14th**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Traumatic Shock (due to hemorrhage into left thoracic cavity) caused by gunshot wound of left chest penetrating abdomen suffered when shot with gun.**
II. OTHER SIGNIFICANT CONDITIONS **hands of one Willie Cotton, in number of home at 1015 1/2 No 14th St about 10 47 pm Jan 25, 1955**
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH **20**

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION **Homicide**
YES NO

21a. ACCIDENT (Specify) **suicide** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St Louis Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Jan 25 55 10 47** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **E981X**

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 **6:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Earl Smith M.D.** 23b. ADDRESS **1300. Clair** 23c. DATE SIGNED **2/1/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **4 Feb 55** 24c. NAME OF CEMETERY OR CREMATORY **Oakdale** 24d. LOCATION (City, town, or county) (State) **St Louis Co Mo.**

DATE REC'D BY LOCAL REG. **FEB 1 1955** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** 5.P. (Licensed Embalmer's Statement on Reverse Side) FUNERAL DIRECTOR'S SIGNATURE **Reliable Funeral Svs** ADDRESS **1721 No Taylor**

WRITE PLAINLY—USING 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 Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Paul V. Freeman*

Licensed Embalmer No. *46*

P. O. Address *4729 1/2*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.