

FILED NOV 23 1945
318
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. **9834**

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:
Firmin Desloge Hospital, ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County St. Louis,

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 4120 E. Iowa Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Infant Kelly,

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

4. Sex Male, 5. Color or race White,

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 November 13, 1945.
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 13th
year 1945 hour 8 pm minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 13 (5:20 pm) 1945, to Nov. 13, 1945
that I last saw h. 1 M alive on Nov. 13, 1945
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>3 hr. 40 min.</u>

Immediate cause of death _____

Due to Atelectasis of Lungs (Bilateral)

Due to unknown

Other conditions Version 9 Extraction
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis, Missouri,
(City, town, or county) (State or foreign country)

10. Usual occupation None.

PHYSICIAN

Major findings:
Of operations _____
Of autopsy 161

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name William L. Kelly,

13. Birthplace Omaha, Nebraska,
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Vera Williams

15. Birthplace Des Moines, Iowa,
(City, town, or county) (State or foreign country)

16. (a) Informant William L. Kelly,
(b) Address 4120 E. Iowa Ave.,

17. (a) Burial, (b) Date thereof 11/14/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.

19. (a) NOV 14 1945 J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

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)

Means of injury _____

23. Signature Bernard H. Gearty (M. D. or other) 2nd
Address 508 N. Grand Date signed Nov 14/45

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.....
No Embalming,
Gebken-Benz Mortuary,
2842 Meramec St., St. Louis, Mo.
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.