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5-17-39  
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#52122  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25414  
6065  
6065

Registration District No. 348 Primary Registration District No. 1003 Registrar's No. 6065

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff  
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 3617 N. Broadway  
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME CORA KELLISON  
3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife James Kellison 6. (c) Age of husband or wife if alive Unk. years  
7. Birth date of deceased February 16 1898- (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 4 22 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Richard McNolly

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

14. Maiden name Ella France

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

16. (a) Informant James Kellison

(b) Address 3617 N. Broadway

17. (a) Removal (b) Date thereof 7-8-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUL 9 1946 (b) J. F. Brock (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th year 1946 hour 9:30 minute P M.  
21. I hereby certify that I attended the deceased from 6/24/46 to 7/8/46

that I last saw her alive on 7/8/46 and that death occurred on the date and hour stated above.

Immediate cause of death Anemia  
Diabetes mellitus  
Duration 1 day

Due to Pioneered - now calculated  
Due to Diabetes mellitus  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

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? E. A. Carson, M.D. 1515 Lafayette 7/9/46  
23. Signature Date signed

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

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**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.....

*J. W. Wilkinson*

Licensed Embalmer No. *3575*

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.**