

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32230**
8207
Registrar's No. _____

FILED SEP 30 1946
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(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 **St. Louis** **9/6**
(c) City or town **Webster Groves**
(If outside city or town limits, write "RURAL") **7**
(d) Street No. **318 Baker Avenue**
(If rural, give location) **N.R. 4**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **PEARL SKELLY**
3. (b) If veteran, name war **none**
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **September** day **22nd**
year **1946** hour **3:30** minute **A** M.
21. I hereby certify that I attended the deceased from **10 Sep 46** to **22 Sept 46**
that I last saw her alive on **21 Sept 46**
and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **James W. Skelly**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 28 1874**
(Month) (Day) (Year)

Immediate cause of death
Cerebral Hemorrhage Duration **2 days**

8. AGE: - Years **72** Months **5** Days **24**
If less than one day _____ hr. _____ min.

Due to **Chr. Hypertensive Cardiovascular-Renal Disease** **10 yrs.**

9. Birthplace **Cynthiana Kentucky**
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation **at home**

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER
12. Name **John Smith**
13. Birthplace **unknown Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy Emison**
15. Birthplace **unknown Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **James W. Skelly**
(b) Address **318 Baker Avenue, Webster Groves, Mo.**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) **burial** (b) Date thereof **9-24-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(c) Place: burial or cremation **Mt. Lebanon Cemetery**

(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 _____

18. (a) Signature of funeral director **C. R. Lupton & Sons**
(b) Address **7233 Delmar Bldg., St. Louis, Mo.**

23. Signature **Richard H. Gray** (M. D. or other) **M.D.**

19. (a) **SEP 24 1946** **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

Address **5730 Southport** Date signed **23 Sept 46**

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

Dr. Richard H. Ray
5930 Southwest Avenue
HI-0750
Hours 8-10 A.M. 7-8 P.M.

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 Raymond L. Morris
Licensed Embalmer No. 4330
P. O. Address Maplewood, Mo

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.