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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11088

State File No. 2755

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Pac. Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weks (Specify whether

In this community 50 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson 50

(c) City or town De Soto (If outside city or town limits, write "RURAL") 2

(d) Street No. So. 2nd St. (If rural, give location) NR 2

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Kelly, Mrs. Elenora

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F/

5. Color or race W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife William Kelly

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 31 (Day) 1879 (Year)

8. AGE: Years 67 Months 11 Days 13 If less than one day hr. min.

9. Birthplace De Soto (City, town, or county) Mo O (State or foreign country)

10. Usual occupation At Home

11. Industry or business ✓

FATHER
12. Name August Seypohltio
13. Birthplace Not Known (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Rhoda Washburn
15. Birthplace De Soto (City, town, or county) Mo (State or foreign country)

16. (a) Informant William Kelly.

(b) Address De Soto, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 17 (Day) 1947 (Year)

(c) Place: burial or cremation De Soto Mo.

18. (a) Signature of funeral director J. Lee Mothershead

(b) Address De Soto Mo.

19. (a) MAR 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1947 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from Feb 25, 1947, to March 14, 1947; that I last saw her alive on March 14, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure And Pulmonary Edema

Due to Hypertensive Cardio-Vascular Disease

Due to

Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury O

23. Signature Vincent A. Sherrod (M. D. ~~or other~~)

Address Mo. Pac. Hosp. Date signed 3-14-47

(Licensed Embalmer's Statement on Reverse Side)

2755

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. Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address De Soto, 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.