3. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7036

FILED FEB 20 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 1301

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 2348 S KLEMM AVE
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County NO

(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2348 S KLEMM AVE 7
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) O

If yes, name country

3. (a) PRINT FULL NAME KATHRYN SHELLY

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife PATRICK SHELLY

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

7. Birth date of deceased MAY (Month) 2 (Day) 1877 (Year)

8. AGE: Years 70 Months 8 Days 3 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business NONE

FATHER
12. Name THOMAS W PURCELL
13. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELLEN WHITE
15. Birthplace ENGLAND 4 (City, town, or county) (State or foreign country)

16. (a) Informant ANN PURCELL
(b) Address 2348 S KLEMM AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB - 9 - 1948 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Wm J. Robertson & Co.
(b) Address 1905 S. Grand Blvd.

19. (a) FEB 7 1948 (Date received local registrar) (b) J. F. Kendrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 5 year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 18, 1945 to FEB 4, 1948; that I last saw her alive on FEB 4, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of large Bowel	Months 6
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma - all over abdomen
Operation at Barnes Hospital
Of autopsy

PHYSICIAN — Underline the cause of 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

23. Signature Arnold G. Blem (M. D. or other) M.D.
Address 2632 So. Kingshighway Date signed 2/6/48
St. Louis 9, Mo.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

8

APR 8 1949

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 Rex Campbell

Licensed Embalmer No. 3881

P. O. Address St Louis

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.