

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

6745

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED AUG 12 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

3: (a) PRINT FULL NAME Cynthia Kelly

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

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced child

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: June 18 1947  
(Month) (Day) (Year)

8. AGE: Years 1 Months 11 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

12. Name Ellsworth Kelly

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

14. Maiden name Edith Moore (City, town, or county) (State or foreign country)

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

16. (a) Informant Ellsworth Kelly

(b) Address 2336 Carr

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31/48 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director F. G. Taylor

(b) Address 7214 Delmar Blvd

19. (a) Aug 31 1948 (Date received and recorded) (b) J. F. McCreedy (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MOO  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 2336 Carr (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1948 hour 6 minute 15 a.m.

21. I hereby certify that I attended the deceased from July 27, 1948, to July 29, 1948 that I last saw her alive on July 29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Inanition Bronchopneumonia Duration Undet.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Yes

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Helen Nash (M. D. or other)

Address 2601 N Whittier Date signed 7/30/48

MAKING 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.....

Lepton H Swan....., Registered Apprentice No. 101  
working under my personal supervision.

Signed J. A. Green.....

Licensed Embalmer No. 2963

P. O. Address 4214 Palmer

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**