

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24429

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6299

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:
De Paul 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)

3: (a) PRINT FULL NAME **Teresa J. Kelly**
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased **April 21st 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 2 23 hr. min.

9. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business

12. Name **Joseph Kelly**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Eustace**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Walsh**
(b) Address **6254 Enright Ave.**

17. (a) **Burial** (b) Date thereof **7/17/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Sullivan Funeral Dir.**
(b) Address **2849 North Euclid Ave.**

19. (a) **July 16 1948** (b) **J. F. Kredetz**
(Date received by registrars) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **6254 Enright Ave.**
(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 **14**
year **1948** hour **7** minute **50** P.M.
21. I hereby certify that I attended the deceased from **Jan 15 1945** to **July 14 1948**
that I last saw her alive on **July 14 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma**
Duration
Due to **Hip**
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **Carcinoma of Rectum & Sigmoid**
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?

23. Signature **W. J. White** (M. D. or other)
Address **2803 N. Enright Ave.** Date signed **7-15-48**

MAKE 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *Robert L. Brinkman*
Licensed Embalmer No. *3553*

P. O. Address:

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.