

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27892

FILED AUG 28 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7268

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

1. PLACE OF DEATH:

(a) County.....St. Louis
(b) City or town.....St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2716 Queens St.
(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 Dora 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 Married
6. (b) Name of husband or wife Thomas 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased 6-13-1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 2 4 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Jim Fischer
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Kelly
(b) Address 2716 Queens St.

17. (a) Burial (b) Date thereof 8-20-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Jr Rd

19. (a) AUG 19 1948 (b) J. B. Bradesch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2716 Queens St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1948 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 20
1940 to Aug. 3 1948
that I last saw her alive on Aug. 3
and that death occurred on the date and hour stated above.

Immediate cause of death
Ch. Myocarditis
Ch. Nephritis
Arteriosclerosis
Hypertension
Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 (c) Means of injury

23. Signature J. B. Bradesch (M. D. number)
Address 7456 Manchester Jr Rd Date signed 8-18-48

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.....

W. P. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

Haplewood

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.