

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27893

Registrar's No.

7552

FILED SEP 13 1948
Registration District No. 918

Primary Registration District No. 1003

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..... ST. JOHNS 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

SISTER M. LAWRENCE 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
(b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... JULY 10th 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 1 18 hr. min.

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

10. Usual occupation..... RELIGIOUS

11. Industry or business.....

12. Name..... JOHN KELLY

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

14. Maiden name..... BRIDGET SMITH

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

16. (a) Informant..... Inter dominick

(b) Address..... 307 So. Euclid Ave

17. (a) BURIAL (b) Date thereof..... 8/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation..... Wesleyan SISTER'S MERCY CEM

18. (a) Signature of funeral director..... J. Mullen Ind Co

(b) Address..... 516 S. Delmar St

19. (a) AUG 28 1948 (b) J. J. Broderick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo (b) County..... MO
(c) City or town..... ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No..... 307 So. Euclid Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Aug. 28 day..... 28
year..... 1948 hour..... 4:20 minute..... AC PM

21. I hereby certify that I attended the deceased from.....

....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death..... Pulmonary Oedema; Fracture left tibia; Fracture right wrist; when the automobile in which she was a passenger, being operated by one Edward Warner, struck a wooden road marker due to the wet pavement, around 11:45 A.M., Aug. 26, 1948, on Highway #64, near Buffalo, Missouri.

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, all within the following:

(a) Accident, suicide, or homicide (specify)..... Unavoidable Accident

(b) Date of occurrence..... Aug. 26, 1948

(c) Where did injury occur?..... Stt. above
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... public place

While at work..... see above (Specify type of place) see above

Means of injury.....

23. Signature..... Wesleyan (M. D. or other)

Address..... Wesleyan Date signed..... 8/28/48

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

H. G. Ferris

Licensed Embalmer No.

3384

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.