

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

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED AUG 28 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27894  
Registrar's No. 7353

Registration District No. 318

Primary Registration District No. 1003

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: City Hospital #10  
(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

Sue M. 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 Widowed  
6. (b) Name of husband or wife JAMES  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased July 4 1880  
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 16  
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Wm. Cowden  
13. Birthplace PENN  
(City, town, or county) (State or foreign country)  
14. Maiden name J.A.  
15. Birthplace Y.A.  
(City, town, or county) (State or foreign country)

16. (a) Informant James E. Kelly  
(b) Address 816 W. England Taylorville Ill.

17. (a) CREMATION (b) Date thereof Aug 23 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VAL HALLA

18. (a) Signature of funeral director Cullen-Kelly

(b) Address 4086 Linden

19. (a) AUG 21 1948 (b) J. E. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County JMO  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4968 A PAGE  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20  
year 1948 hour 4:45 minute P M.

21. I hereby certify that I attended the deceased from  
that I last saw him alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation by drowning;  
Cardiac hypertrophy; when deceased was found in a kneeling position beside the bath-tub with her head submerged below the surface of the water, in the bathroom at her home 4968 Page Blvd., on Aug. 20th, 1948, at about 4:45 P.M.

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

Major findings: Of operations  
Of autopsy  
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) Accident  
(b) Date of occurrence 8-20-1948  
(c) Where did injury occur? St. Louis  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? no (Specify type of place)  
Means of injury see above  
23. Signature Date signed 8/21/48  
(M. D. or other)

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**