

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2841  
Registrar's No. 63

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS MO</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		d. STREET ADDRESS (If rural, give location) <b>3459 A PARK AV.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MO. BAPTIST HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>3459 A PARK AV.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELIZABETH</b>		b. (Middle) <b>JELLY</b>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 2 1949</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>FEB-7-1881</b>	
9. AGE (In years last birthday) <b>67 yrs 10 26</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NIL</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NIL</b>		11. BIRTHPLACE (State or foreign country) <b>LONDON ENGLAND</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>ROBERT MADDEN</b>		13b. MOTHER'S MAIDEN NAME <b>RACHEL PATTON</b>		14. NAME OF HUSBAND OR WIFE <b>DAVID W. JELLY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO.</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. J. A. Learmont 3459 A Park Av.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion Coronary Sclerosis Fr of Right Hip; when she slipped and fell to the floor at her home on Nov 13th 1948 exact time</b> DUE TO (b) <b>fractured</b> DUE TO (c) <b>fractured</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>fractured</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5:40 P.M.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>accident</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis MO MO</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov 13 1948 m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>Fall</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>5:40 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Patrick E Taylor MD</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>1-4-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN-6-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BELLE FONTAINE CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 4 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lassiter</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. J. Schuur 3125 Lafayette Av</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed Joseph Ballmer

Licensed Embalmer No. 4014

P. O. Address 3195 Lafayette Ave

**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.