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

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10256

Registrar's No. 3058

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	State File No. 10256		Registrar's No. 3058	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis Mo.		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17 9		
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hosp. 0			d. STREET ADDRESS (If rural, give location) 563I Labadie Ave. 0				
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle)	c. (Last) Kelly	4. DATE OF DEATH (Month) (Day) (Year) APRIL 2, 1949			
5. SEX Mae 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug 28, 1907	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filling Station		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Kelly		13b. MOTHER'S MAIDEN NAME Lillian Martin		14. NAME OF HUSBAND OR WIFE Marie Kelly			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie Kelly 563I Labadie Ave.					
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) Myelo-encephalitis (virus). ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 82 257X						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from Mar. 21, 1949, to April 2, 1949, that I last saw the deceased alive on April 1, 1949, and that death occurred at 5:15 a.m., from the causes and on the date stated above.							
23a. SIGNATURE H. F. Bergman (Degree or title) M.D.			23b. ADDRESS 3720 Washington			23c. DATE SIGNED 4/4/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr 5 1949	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) St. Louis Mo.			
DATE REC'D BY LOCAL REG. APR 4 1949	REGISTRAR'S SIGNATURE J. B. Fawcett		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Street & Carroll 4600 Nall. Bridge				

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..... *J. Allen Davis*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4053*.....

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.