

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10259

318

1003

State File No. ....

2437

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 3 days		a. STATE Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. L. City Hosp. #1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		b. COUNTY	
		d. STREET ADDRESS 1500 So. 10th Street			

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM		M.	KELLY	March 15, 1949

5. SEX M <input checked="" type="checkbox"/>	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Nov. 2 1905	9. AGE (In years last birthday) <input checked="" type="checkbox"/> 43	10. UNDER 1 YEAR 4	11. UNDER 2 HRS. 13
---	-----------------------	---	---------------------------------	--	-----------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Luco Mop Mfg. Co.	11. BIRTHPLACE (State or foreign country) Fredericktown, Missouri	12. CITIZEN OF WHAT COUNTRY?
--	--	--	------------------------------

13a. FATHER'S NAME John Kelly	13b. MOTHER'S MAIDEN NAME Etta Allen	14. NAME OF HUSBAND OR WIFE
----------------------------------	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Etta Kelly Turner	ADDRESS 1500 So. 10th Street
--	-------------------------	--	---------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES		Bilateral Lobar Pneumonia; Fr of ribs, suffered when struck and was dragged by automobile driven by Andrew J. Satello, near 9th & Park Ave., about 12:03 am Mar 13, 1949.		
	II. OTHER SIGNIFICANT CONDITIONS		DUE TO (b) was dragged by automobile		
	Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) 9th & Park Ave., about		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Accident	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

21a. ACCIDENT (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo Mo
-------------------------------------	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 13 49 12:03 m.	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

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 5:26 P.m., from the causes and on the date stated above.

23a. SIGNATURE Alfred Henry Spatz	(Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 3/17/49
--------------------------------------	-------------------	----------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-18-49	24c. NAME OF CEMETERY OR CREMATORY St. Matthews	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
---	----------------------	--	--

DATE REC'D BY LOCAL REG'D MAR 17 1949	REGISTRAR'S SIGNATURE J. B. Foster	25. GENERAL DIRECTOR'S SIGNATURE R. W. McLaughlin	ADDRESS 2301 Lafayette
--	---------------------------------------	--	---------------------------

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.

Student .....  
Student Embalmer

Signed R W Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

**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.