

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10943

FILED APR 2 1949

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 638

96
300

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis 10	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights D.D.A.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights 13	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital 0		d. STREET ADDRESS (If rural, give location) 7706 Thomas 0	

3. NAME OF DECEASED a. (First) Dennis b. (Middle) Gene c. (Last) Kelly		4. DATE OF DEATH (Month) (Day) (Year) March 5 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept 5 1915
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		9b. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		11. BIRTHPLACE (State or foreign country) St. Louis Mo. 0	
12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME Gene M Kelly	13b. MOTHER'S MAIDEN NAME Marilynn	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 ADDRESS Jack Kelly 1434 Collins 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) compound fracture of skull, internal injuries & shock		
ANTECEDENT CAUSES			
Morbidity 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.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public street	21c. (CITY, TOWN, OR TOWNSHIP) 129 (COUNTY) (STATE) Richmond Heights, St. Louis, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 5 49 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by automobile

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arnold J. Willmann Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 3/7/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-8-49	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, County Mo
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DATE REC'D BY LOCAL REG. 3-7-49	REGISTRAR'S SIGNATURE Thuid Bolinger	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith 7456 Manchester
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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

J.P. Burgess

Licensed Embalmer No.

4029

P. O. Address

Maplewood

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.