

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17872

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1064

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY St. Louis  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Mo. b. COUNTY St. Louis   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) Clayton  |  | c. CITY (If outside corporate limits, write RURAL and give township) University City  |   |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis County Hosp.   |  | d. STREET ADDRESS (If rural, give location) 6549 Bartmer  |   |
| 3. NAME OF DECEASED<br>a. (First) John b. (Middle) J. c. (Last) Kellogg   |  |   | 4. DATE OF DEATH (Month) (Day) (Year) 4-28-1949                             |
| 5. SEX M. O   | 6. COLOR OR RACE W.  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.   | 8. DATE OF BIRTH 1-22-1886  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Press Operator  |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (In years last birthday) 63  |
| 11. BIRTHPLACE (State or foreign country) St. Louis, Mo.  |  | 12. CITIZEN OF WHAT COUNTRY?  |   |
| 13a. FATHER'S NAME Chara E. Kellogg   |  | 13b. MOTHER'S MAIDEN NAME Elizabeth Koch  | 14. NAME OF HUSBAND OR WIFE Clara R. Kellogg                                |
| 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. 492-09-2874   | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose Reinhardt, ADDRESS 6734 Clayton |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Hypertension<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. Over Weight |   |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | 4201 940  |   |
| 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) (Min)   | 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 1-15, 1949, to 4/28, 1949, that I last saw the deceased alive on 4/28, 1949, and that death occurred at 8 p. m., from the causes and on the date stated above.         |  |   |   |
| 23a. SIGNATURE Paul H. Chapman M.D.   |  | 23b. ADDRESS 3518 Dodier  | 23c. DATE SIGNED 4/30-49  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) cremation   | 24b. DATE 5-2-1949   | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Chapel of M. St. Louis, Mo.   | 24d. LOCATION (City, town, or county) (State)                               |
| DATE REC'D BY LOCAL REG. 4-30-49  | REGISTRAR'S SIGNATURE Thuid L. Lunn  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander Louis 6175 Delmar  |   |

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

Dr Paul J. Johnson  
3518 Bodie St  
ME 1260  
Concrete  
Crematorium  
12 -

**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 Joseph S. McCulloch

Licensed Embalmer No. 2160

P. O. Address 6758 Palmer

**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.