

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 25 1949

State File No. 24987  
62011

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><u>St. Louis, Mo.</u>                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><u>Missouri</u><br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Louis</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Louis</u>   |  |
| c. LENGTH OF STAY (In this place)  |  | d. STREET ADDRESS (If rural, give location)<br><u>4510 Emerson</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>4510 Emerson</u>                           |  |  |  |

|   |                                  |  |   |  |   |
|---|----------------------------------|--|---|--|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>John</u><br>b. (Middle) <u>Jos.</u><br>c. (Last) <u>Kelly</u> |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>July 15th 1949</u> |  |   |
| 5. SEX<br><u>male</u>   | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>married</u> | 8. DATE OF BIRTH<br><u>Nov. 27, 1887</u>                          | 9. AGE (In years last birthday)<br><u>61</u>                       | IF UNDER 1 YEAR<br>Months <u>7</u> Days <u>18</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Gasket worker</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Maloney Elec.</u>                |   | 11. BIRTHPLACE (State or foreign country)<br><u>St. Louis, Mo.</u> |   |
| 12. CITIZEN OF WHAT COUNTRY?  |                                  |  |   |  |   |

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME<br><u>Alex Kelly</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Cath. Bodkin</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Edith Kelly</u> |
|---|--|---|

|  |                         |   |         |
|--|-------------------------|---|---------|
| 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<br><u>Mrs. Edith Kelly 4510 Emerson</u> | ADDRESS |
|--|-------------------------|---|---------|

|   |   |  |   |
|---|---|--|---|
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>20 min</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |   |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                           |  |   |

|                        |  |   |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><u>1</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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)<br><u>94a</u> |
|--|--|---|

|  |  |   |
|--|--|---|
| 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?<br><u>4201</u> |
|--|--|---|

22. I hereby certify that I attended the deceased from on July 15; 1949 that I last saw the deceased alive on July 15, 1949 and that death occurred at 9P h., from the causes and on the date stated above.

|   |                   |  |                                    |
|---|-------------------|--|------------------------------------|
| 23a. SIGNATURE<br><u>R. R. Menon MD</u> | (Degree or title) | 23b. ADDRESS<br><u>5-330 Geraldine</u> | 23c. DATE SIGNED<br><u>7/16/49</u> |
|---|-------------------|--|------------------------------------|

|  |                             |  |   |
|--|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u> | 24b. DATE<br><u>7/18/49</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park</u> | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis, MO</u> |
|--|-----------------------------|--|---|

|  |   |  |                               |
|--|---|--|-------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>JUL 17 1949</u> | REGISTRAR'S SIGNATURE<br><u>J. B. Lasater</u> | 25. GENERAL DIRECTOR'S SIGNATURE<br><u>W. H. ...</u> | ADDRESS<br><u>2849 N. ...</u> |
|--|---|--|-------------------------------|

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

2nd

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.....

.....  
working under my personal supervision.

Signed *Custar W. Bentley* Student Embalmer No. ....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4329

P. O. Address St Louis Mo

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.