

KELLY  
FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38912  
State File No. 10356  
Registrar's No.

|   |                               |   |  |  |  |  |  |
|---|-------------------------------|---|--|--|--|--|--|
| BIRTH NO. _____   |                               | REG. DIST. NO. <b>318</b>   |  | PRIMARY REG. DIST. NO. <b>1003</b>   |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b><br>b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>  |                               | c. LENGTH OF STAY (in this place)<br><b>life</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>                                 |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>785 N. Euclid Ave.</b>   |                               |   |  | d. STREET ADDRESS (If rural, give location)<br><b>785 Euclid Ave. No. _____</b>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Mary G. Kelly</b><br>b. (Middle) _____<br>c. (Last) _____   |                               |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Nov. 30, 1949</b> |  |  |  |  |
| 5. SEX<br><b>F.</b>   | 6. COLOR OR RACE<br><b>W.</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify)<br><b>W.</b>  | 8. DATE OF BIRTH<br><b>Nov. 3, 1869</b>                          | 9. AGE (In years last birthday)<br><b>80</b>   | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>27</b>                      | IF UNDER 2 WKS.<br>Hours _____ Min. _____                                |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At Home</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY _____   |  | 11. BIRTHPLACE (State or foreign country)<br><b>St. Louis, Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>                              |  |
| 13a. FATHER'S NAME<br><b>John Conlor</b>  |                               | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Guerin</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Charles F. Kelly</b>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>no</b>  |                               | 16. SOCIAL SECURITY NO.<br><b>none</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Miss Madeleine Kelly, 785 N. Euclid Ave.</b>                                     |  |  |  |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death.                           |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>chronic myocarditis</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>chronic arthritis</b><br>DUE TO (c) <b>Senility</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 yrs</b><br><b>10 yrs</b>        |  |
| 19a. DATE OF OPERATION _____  |                               | 19b. MAJOR FINDINGS OF OPERATION _____  |  |  |  | 20. AUTOPSY?<br>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)<br><b>59</b>   |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?<br><b>7220</b>  |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>Sept 1948</b> , to <b>Nov 30, 1949</b> , that I last saw the deceased alive on <b>Nov 24, 1949</b> , and that death occurred at <b>10:15 a.m.</b> from the causes and on the date stated above. |                               |   |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><b>J.S. Howard MD</b>   |                               |   |  | 23b. ADDRESS<br><b>4903 Delmar</b>   |  | 23c. DATE SIGNED<br><b>Dec 4 49</b>                                      |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                               | 24b. DATE<br><b>Dec. 3, 1949</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>    |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b> |  |  |
| DATE REC'D BY LOCAL<br><b>DEC 1 1949</b>  |                               | REGISTRAR'S SIGNATURE<br><b>J. B. Pascoe</b>  |  | FUNERAL DIRECTOR'S SIGNATURE<br><b>Arthur J. Donnelly</b>  |  | ADDRESS<br><b>3840 Lindell Blvd.</b>                                     |  |

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

*used*

**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 \_\_\_\_\_

*Thomas R. Penwick*

Licensed Embalmer No. \_\_\_\_\_

*3793*

P. O. Address \_\_\_\_\_

*3840 Lindell*

**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.