

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11502

State File No.

BIRTH NO.

REG. DIST. NO. **317**PRIMARY REG. DIST. NO. **6076**Registrar's No. **798**

1. PLACE OF DEATH a. COUNTY St Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) BAHAWIN		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 1 yr - 4 months		2159	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Pine Crest Homes		d. STREET ADDRESS (If rural, give location) 5427 West Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) H.H.H. b. (Middle) c. (Last) Kelly		4. DATE OF DEATH (Month) (Day) (Year) 3 26 50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3/19/1869
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of the life, even if retired) housewife	
10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Clayton, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Farley	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE William Kelly	
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. None	
17. INFORMANT'S SIGNATURE OR NAME Wm. Kelly		ADDRESS Fairgrounds Hotel	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage ANTECEDENT CAUSES Morbid 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. Chronic myocarditis	
19a. DATE OF OPERATION X		19b. MAJOR FINDINGS OF OPERATION 331X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) X		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X X X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? X			
22. I hereby certify that I attended the deceased from march 1, 1949 , to march 26, 1950 , that I last saw the deceased alive on march 26, 1950 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE B.R. Loving M.D.		23b. ADDRESS Ballerwin, Mo.	
23c. DATE SIGNED 3.27.50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/29/50	
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Highway #. 40	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 28 1950		25. FUNERAL DIRECTOR'S SIGNATURE Herbert R. Douke M.D.	
ADDRESS Sear		ADDRESS Bull Ivan Funeral Dir. 2849 Euclid	

(Licensed Embalmer's Statement on Reverse Side)

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

5. No. 300
V-10.48

STATE OF MISSOURI
DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH

IS CERTAINLY
working under my personal supervision
Student Embalmer No. _____
John Farley
St. Louis, Mo.

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.
Student Embalmer No. _____
Student Embalmer _____
Student _____

Signature *Robert L. Brinkman*
Licensed Embalmer No. *3553*
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.

MISSOURI DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH