

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

24941

State File No. 6300

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1009		Registrar's No.	
1. PLACE OF DEATH a. 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) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital #1				d. STREET ADDRESS (If rural, give location) 5353 Arlington Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) E c. (Last) Kelly			4. DATE OF DEATH (Month) (Day) (Year) July 21 1950				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 10, 1884		9. AGE (In years last birthday) 63-65 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME John Driscoll			13b. MOTHER'S MAIDEN NAME Mary A. Coffee		14. NAME OF HUSBAND OR WIFE Late 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 ADDRESS Mrs. Nellie Mc. Guire, 5353 Arlington			
18. CAUSE OF DEATH Enter only one cause per line (or (a), (b), and (c)) <i>See back of cert.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Fr of left hip; Arteriosclerosis which she fell in her house</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>air July 3, 1950 about</i> DUE TO (c) <i>600 pin</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>see Accident</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis, Mo</i>			
21d. TIME OF INJURY <i>July 3 50 P. M.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>69030</i>			
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 <i>9:55 P. M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Desire or title) <i>Patrick L. Taylor, M.D.</i>				23b. ADDRESS <i>3300 Cleaveland</i>		23c. DATE SIGNED <i>JUL 23 1950</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>7-24-1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>		
DATE REC'D BY LOCAL REG. <i>JUL 23 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Sasser</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Cullinane Bros. 3320 N. Kingshighway</i>			

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

**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 Fred Frick

Licensed Embalmer No. 3186

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

State File No. 249410  
Local Registrar's No. 6300

AFFIDAVIT FOR CORRECTION OF A RECORD

On this \_\_\_\_\_ day of \_\_\_\_\_, 194\_\_\_\_, before me appears \_\_\_\_\_

\_\_\_\_\_, who, upon \_\_\_\_\_ oath, states that the original record of birth death  
for Mary E. Kelly died 7-21-1950, 19\_\_\_\_, in the State of  
Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 8 should read 8-10-1964 1896

Instead of 8-10-1866 1964

Item No. 9 should read Age 63

Instead of 64

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Fred Frick Fun. Dir.  
for Cullen Relationship

3320 N. Kingshighway  
Present Address.

Subscribed and sworn to before me this 3 day of July, 1950

My Commission expires 7-4-53 Gene D. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.