S. No. 300
v. 10.48

470

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26726

BIRTH NO. 42947-50 REG. DIST. NO. 14p PRIMARY REG. DIST. NO. 4234 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ironton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pine Lawn
d. STREET ADDRESS (If rural, give location): 6211 Brercher

3. NAME OF DECEASED (Type or Print)
a. (First): "infant"
b. (Middle):
c. (Last): Kelly

4. DATE OF DEATH (Month) (Day) (Year): Sept. 4 1950

5. SEX: F
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 9-3-50
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 1 — IF UNDER 24 HRS.: Hours 6, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ironton Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Edward Kelly
13b. MOTHER'S MAIDEN NAME: Helen Montgomery
14. NAME OF HUSBAND OR WIFE: #

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Edward Kelly ADDRESS

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, asthenia, etc. - It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anencephaly — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) None

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

750X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9/3 *1950, to* 9/4, *1950, that I last saw the deceased alive on* 9/4, *1950, and that death occurred at* 5 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: C R Markiver (Degree or title) MD
23b. ADDRESS: Fredericktown Mo.
23c. DATE SIGNED: 9/7

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9-5-50
24c. NAME OF CEMETERY OR CREMATORY: Catholic Cem.
24d. LOCATION (City, town, or county) (State): Pilot Knob Mo.

DATE REC'D BY LOCAL REG.: Sept. 8, 1950
REGISTRAR'S SIGNATURE: Mrs Avis Jones 128
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: White Funeral Home, Ironton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 11 1950

DISTRICT HEALTH OFFICE No. 3

File No. .....

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 Was not embalmed, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Trenton Ill.

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.