S. No. 300
7. 10.48

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#114160

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28355

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7228

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis, Missouri
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.Louis City Hospital #1.

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) ~~St.Louis~~ High Ridge
d. STREET ADDRESS (If rural, give location) ~~H~~ Rt.1 House springs

3. NAME OF DECEASED (Type or Print)
a. (First) ELLA
b. (Middle) MARIE
c. (Last) KELLY

4. DATE OF DEATH (Month) (Day) (Year) August 23rd, 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 14, 1876
9. AGE (In years last birthday) 74 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? 0

13a. FATHER'S NAME John Montgomery
13b. MOTHER'S MAIDEN NAME Shara Shore
14. NAME OF HUSBAND OR WIFE Thos. Kelly

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.
17. INFORMANT'S SIGNATURE OR NAME Thos. Kelly — **ADDRESS** High Ridge Mo.

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) Cancer of undetermined site

ANTECEDENT CAUSES

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

DUE TO (b) with metastatic spread

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

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

INTERVAL BETWEEN ONSET AND DEATH

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?

1448

22. I hereby certify that I attended the deceased from 7/1/50, 19____, to 8/23/50, 19____, that I last saw the deceased alive on 8/23/50, 19____, and that death occurred at 5:45pm m., from the causes and on the date stated above.

23a. SIGNATURE Geo. L. Bryan M.D. (Degree or title)
23b. ADDRESS 1515 Lafayette Ave.,
23c. DATE SIGNED 8/24/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-26-50
24c. NAME OF CEMETERY OR CREMATORY St. Trinity Lutheran
24d. LOCATION (City, town, or county) Lemay Mo. (State)

DATE REC'D BY LOCAL AUG 25 1950
REGISTRAR'S SIGNATURE J. B. Forster
25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home — **ADDRESS** 6322 S. Grand Blvd

(Licensed Embalmer's Statement on Reverse Side)

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

7228

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.

Signed David Van Fossen

Signed _____
Student Embalmer

Licensed Embalmer No. 4282

P. O. Address 6372 So Grand

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.