

FILED NOV 10 1950

State File No. 35594

BIRTH NO.		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>3069</b>		Registrar's No. <b>2463</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>ST LOUIS</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>RICHMOND HEIGHTS</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>3830 PARK AVE</b>		d. STREET ADDRESS (If rural, give location)		11. BIRTHPLACE (State or foreign country) <b>BUNKER HILL ILL.</b>	
3. NAME OF DECEASED (Type or Print) <b>MARTHA</b>		a. (First) <b>M</b>		b. (Middle) <b>H</b>		c. (Last) <b>KELLEY</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 13 1950</b>		5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>MAY 21-1869</b>		9. AGE (In years last birthday) <b>81</b>		10. MONTHS <b>4</b>		11. DAYS <b>22</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (State or foreign country) <b>BUNKER HILL ILL.</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>EDMUND DAVIS</b>		13b. MOTHER'S MAIDEN NAME <b>MARY CROZIER</b>		14. NAME OF HUSBAND OR WIFE <b>BENJAMIN F. KELLEY (DECEASED)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>—</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Leah Kelley</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure</b>		ANTECEDENT CAUSES				443X	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Hypertension-arteriosclerosis</b>				443X	
		DUE TO (c) <b>Cerebral embolus</b>					
		11. OTHER SIGNIFICANT CONDITIONS <b>Rheumatoid arthritis</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>X</b>		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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>July 1950</b> to <b>Oct 13, 1950</b> , that I last saw the deceased alive on <b>Oct 13, 1950</b> , and that death occurred at <b>2 1/4</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Robert L. G. Co</b>				23b. ADDRESS <b>4161 Linwood</b>		23c. DATE SIGNED <b>10/13/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT 16-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BUNKER HILL CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>BUNKER HILL ILL</b>	
DATE REC'D BY LOCAL REG. <b>OCT 13 1950</b>		REGISTRAR'S SIGNATURE <b>Robert L. G. Co</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert L. G. Co</b>		ADDRESS <b>1905 St. Grand</b>	

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 Ronald O. Yehake

Licensed Embalmer No. 3917

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.