

25578

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 16 1951

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>0317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>2516</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>4092</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pine Lawn Clayton</u>		c. LENGTH OF STAY (in this place) <u>D.O.A.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2059</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1231 Hamilton Avenue</u> <u>1</u>				
3. NAME OF DECEASED (Type or Print) <u>George</u> a. (First) _____ b. (Middle) _____ c. (Last) <u>Kelley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6/23/51</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8/18/1905</u>		
9. AGE (In years last birthday) <u>45</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>5</u>		11. IF UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Apartment House</u>		11. BIRTHPLACE (State or foreign country) <u>Clinton, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Fred Kelley</u>			13b. MOTHER'S MAIDEN NAME <u>Rose Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Kelley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW 11</u>		16. SOCIAL SECURITY NO. <u>494-10-5824</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Kelley, 1231 Hamilton Avenue</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple skull fractures and brain hemorrhage-suffered while occupant of an automobile that collided with a tractor-trailer</u>				DUE TO (b) _____				
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause, (c) stating the underlying cause last.</i>				DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>400</u> <u>Epib. 1</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Bel Ridge</u> (COUNTY) <u>26</u> (STATE) <u>St. Louis Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6/23/51 12:30 A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Blunt impact</u>				
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 _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Edward J. Willman</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>6/27/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 29, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-27-51</u>		REGISTRAR'S SIGNATURE <u>Robert P. Tombe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. J. Gates, 4107 Finney Avenue</u> ADDRESS _____				

(Licensed Emballer's Statement on Reverse Side)

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

JUL 27 1951

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

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.