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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Xc 5 199 052
 Reg # 96093
FILED JAN 10 1952

State File No. **43639**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>3957</u>	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (In this place) 117 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) TOWN ST. LOUIS			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.				e. STREET ADDRESS (If rural, give location) 1014 OAKVIEW PLACE			
3. NAME OF DECEASED (Type or Print)		a. (First) EDWIN		b. (Middle) VINCENT		c. (Last) KELLY	
4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 10, 1951		5. SEX MALE 0		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 5-3-87		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days		IF UNDER 11 WKS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICAL WORKER			10b. KIND OF BUSINESS OR INDUSTRY -----			11. BIRTHPLACE (State or foreign country) PHILADELPHIA, PENNSYLVANIA	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOSEPH KELLY		13b. MOTHER'S MAIDEN NAME ANNA KAUFMAN		14. NAME OF HUSBAND OR WIFE FRANCES A. KELLY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES WW-I AND WW-II		16. SOCIAL SECURITY NO. UNK		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS., 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC LEUKEMIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION 2044				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) VA		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 8-15-51 , 19____, to 12-10-51 , 1951 and that death occurred at 8:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. C. O'BRIEN, M.D.				23b. ADDRESS VET ADM HOSP, JEFF BRKS., MO.		23c. DATE SIGNED 12-11-51	
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE SERVICE DEC 13 '51		24c. NAME OF CEMETERY OR CREMATORY NATIONAL		24d. LOCATION (City, town, or county) (State) JEFF. BKS. MO.	
DATE REC'D BY LOCAL REG. 12-12-51		REGISTRAR'S SIGNATURE Herbert P. Bomke Md		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS GROGHAN FUNERAL HOME, St. Louis, Mo.			

(Licensed Embalmer's Statement on Reverse Side)



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. Yabuka

Licensed Embalmer No. *3907*

P. O. Address *St. Louis*

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.