

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25979

State File No.

FILED JUL 31 1952

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6900	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2159			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 4253 Schiller Pl.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hosp.							
3. NAME OF DECEASED (Type or Print) a. (First) Thomas F. b. (Middle) Kelly c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jul. 14, 1952				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jul. 13, 1900	
9. AGE (in years last birthday) 52		IF UNDER 1 YEAR Months Days		IF UNDER 10 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work including most of working hours if retired) Salesman, Groceries			10b. KIND OF BUSINESS OR INDUSTRY Wholesale		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. O		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME John W. Kelly			13b. MOTHER'S MAIDEN NAME Margaret Bell		14. NAME OF HUSBAND OR WIFE Stella Kelly		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) unknown		16. SOCIAL SECURITY NO. 488-05-6236		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Stella Kelly 4253 Schiller Pl.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma ANTECEDENT CAUSES As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Primary Bronchogenic carcinoma - Rt. Lung. 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 6 mos 10 mos
19a. DATE OF OPERATION Nov. 51		19b. MAJOR FINDINGS OF OPERATION As above				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X			
22. I hereby certify that I attended the deceased from Aug. 1951 to July 14, 1952 , that I last saw the deceased alive on July 14, 1952 , and that death occurred at 8:45a m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) George A. O'Sullivan, M.D.				23b. ADDRESS Dr. Schirmer, St. Louis Mo 7-16-52		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 7-17-52		24c. NAME OF CEMETERY OR CREMATORY Parklawn Cem.		24d. LOCATION (City, town, or county) (State) Lemay, 23, Mo.	
DATE REC'D BY LOCAL JUL 17 1952		REGISTRAR'S SIGNATURE J. C. Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand Blvd.			

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

Dr. Geo. O'Sullivan,
421 W. Schirmer,
Pl. 1242

1 to 3

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 *David Van Pomm*

Licensed Embalmer No. *4242*

P. O. Address *6322 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.