V.S. No. 300
Rev. 10.48

FILED SEP 3 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29668

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7728

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Corr. by Aff. Sept. 30 1952

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7086 Lindenwood Pl.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2039
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 3 7086 Lindenwood Pl.

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): E
c. (Last): KELLY

4. DATE OF DEATH (Month) (Day) (Year): Aug. 12, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6-8-~~1867~~ 1870
9. AGE (In years last birthday): ~~1857~~ 82 | IF UNDER 1 YEAR Months: ~~12~~ 12 Days: ~~14~~ | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State or Foreign Country): Quincy, Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Cass
13b. MOTHER'S MAIDEN NAME: Martha Carnes
14. NAME OF HUSBAND OR WIFE: George T. Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: H. John Johnson, above

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): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Anaemia
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing 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): —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: — 331X

22. *I hereby certify that I attended the deceased from* 8/8, 1952 *to* 8-12, 1952, *that I last saw the deceased alive on* 8-12-, 1952, *and that death occurred at* 3:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P M Brossard M.D.
23b. ADDRESS: 3500 Cambridge Maplewood Mo.
23c. DATE SIGNED: 8/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-14-1852
24c. NAME OF CEMETERY OR CREMATORY: Graceland Cemetery
24d. LOCATION (City, town, or county) (State): Quincy, Ill.

DATE REC'D BY LOCAL REG.: AUG 14 1952
REGISTRAR'S SIGNATURE: J Carl Smith MD MPB
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: JAY B. SMITH, 7456 Manchester Ave. Maplewood 17, Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 30 1959

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 H. C. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.

State of Missouri
City ~~County~~ of St. Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 29668
Local Registrar's No. 1169

On this 16th day of September, 1952, before me appears May A. Johnson, who, upon her oath, states that the original record of ~~birth~~ death for Mary E. Kelly, died ~~born~~ Aug. 12th, 1952 in the State of Missouri, and which was filed at St. Louis, Mo. on 8-13, 1952 should be corrected as follows:

Item No. 8 should read June 8th, 1870
Instead of June 8th, 1867?

Item No. 9 should read 82 yrs. 2 mos. 4 days
Instead of 85 " 2 " 4 "

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs May A Johnson Daughter
Relationship.

7086 Lindenwood Pl.
St. Louis, Mo.
Present Address.

Subscribed and sworn to before me this 16th day of September, 1952

My Commission expires 10-23-1954

Ruth E. Evans Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
I X37817

1952