

**STANDARD CERTIFICATE OF DEATH**

State File No. 3199

0.30  
0.40

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

FILED OCT 15 1952

REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 252

1. PLACE OF DEATH a. COUNTY <u>St. Mary's Hospital Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph Home 0267</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Jefferson City, Missouri</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>E.</u> c. (Last) <u>Kelleher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 14 52</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single - 0</u>	
8. DATE OF BIRTH <u>unknown</u>		9. AGE (In years last birthday) <u>80 ?</u>		IF UNDER 1 YEAR: Month   Days   Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State, or Foreign Country) <u>St. Louis, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Patrick Kelleher</u>		13b. MOTHER'S MAIDEN NAME <u>Johanne Dailey</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Patrick Kelleher 123 Lake Forest</u>	
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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* <u>Fracture Right Femur</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Trauma (Fall)</u>			
		DUE TO (c) <u>Shock &amp; Emphysema</u>			
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 <u>121 E9020 21</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jeff. City - Cole - Mo.</u>	
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21d. TIME OF INJURY <u>10-13-52 7:20 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell getting out of bed</u>	
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22. I hereby certify that I attended the deceased from 10-13-1952 to 10-14-1952, that I last saw the deceased alive on 10-13-1952, and that death occurred at 755 a.m. from the causes and on the date stated above.

23a. SIGNATURE <u>A. Osman M.D.</u> (Degree or title)		23b. ADDRESS <u>Jeff. City - Mo.</u>		23c. DATE SIGNED <u>10-14-52</u>	
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24a. BURIAL, CREMATION, REMOVAL, etc. <u>Burial</u>		24b. DATE <u>Oct. 17-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Oct 14 52</u>		REGISTRAR'S SIGNATURE <u>R.P. Harris M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Louis MO</u>	
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JAN 16 1954

DEC 14 1954

**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 Francis E. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand St.

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.