

No. 300
10.48
OCT 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32096

State File No.

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 80

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, write RURAL and give township):
OR TOWN RURAL - MERAMEC 3 1/2 TOWNS. c. LENGTH OF STAY (In this place) 3 1/2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
St. Joseph's Hill Infirmiry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2059
d. STREET ADDRESS (If rural, give location)
1220 Temple Pl.

3. NAME OF DECEASED
a. (First) CHARLES b. (Middle) KELLY c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year)
SEPT. 17 1952

5. SEX M.

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
SINGLE

8. DATE OF BIRTH
Nov. 4, 1883

9. AGE (In years last birthday) 68

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED

10b. KIND OF BUSINESS OR INDUSTRY
LABORER Commissioned

11. BIRTHPLACE (State or foreign country)
St. Louis - Mo.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
THOMAS KELLY

13b. MOTHER'S MAIDEN NAME
ANNA E. FILLO

14. NAME OF HUSBAND OR WIFE
SINGLE

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
Dr. Ruby O.S. St. Joseph's Hill Inf. EUREKA 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE CARDIO. VASCULAR DISEASE
INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES
DUE TO (b) Old Rt. Hemiparesis & Paralysis
DUE TO (c) C.N.S. Les
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
026X

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/17, 1949, to 9/15, 1952, that I last saw the deceased alive on 9/15, 1952, and that death occurred at 3:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
D. Madden MD

23b. ADDRESS
4323 Colandaine

23c. DATE SIGNED
Mo. 9/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
Sept. 20, 1952

24c. NAME OF CEMETERY OR CREMATORY
Calvary Cemetery

24d. LOCATION (City, town, or county) (State)
St. Louis, Mo.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE
438-1 Arthur J. Donnelly

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
3840 Lendell Blvd.

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

5500
5

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED OCT 8 1952.

OCT 15 1952

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 _____

working under my personal supervision.

Student Embalmer No.

Signed W Van Matre

Signed.....
Student Embalmer

Licensed Embalmer No. 2825

P. O. Address. 3840 Lindell

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.