

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40375

DEC 2 1952

State File No.

318

1003

Registrar's No. 10553

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2029</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5504a Milentz</u>				d. STREET ADDRESS (If rural, give location) <u>2, 5504a Milentz</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u>			b. (Middle) <u>R</u>			c. (Last) <u>Kellogg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16, 1952</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 26, 1972</u>		9. AGE (In years last birthday) <u>80yrs</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis</u> <u>U</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Jacob Schillinger</u>				13b. MOTHER'S MAIDEN NAME <u>Katherine</u> <u>?</u>				14. NAME OF HUSBAND OR WIFE <u>John J. Kellogg</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>				16. SOCIAL SECURITY NO. <u>one</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rosa J. Reinhardt. 5504a Milentz</u>							
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) <u>Myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Age</u> 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			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input 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? <u>4221</u>									
22. I hereby certify that I attended the deceased from <u>Jau</u> , 19 <u>37</u> , to <u>Nov 16</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Nov 12</u> , 19 <u>52</u> , and that death occurred at <u>10 P m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Paul H. Chapman</u>				23b. ADDRESS <u>3518 Dodder</u>				23c. DATE SIGNED <u>Nov. 17-52</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 19, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>							
DATE REC'D BY LOCAL REG. <u>NOV 17 1952</u>		REGISTRAR'S SIGNATURE) <u>J. Earl Smith M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander & Sons 6175 Delmar Blvd</u>							

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

Dr Chapman
3878 Dodier
No 1260

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 Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.