

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 0199
Registrar's No.

FILED JAN 28 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION PARK LANE HOSPITAL		d. STREET ADDRESS (If rural, give location) 7129 Lindenwood Place. 0	
3. NAME OF DECEASED (Type or Print) a. (First) LUELLA b. (Middle) c. (Last) KELLY.			4. DATE OF DEATH (Month) (Day) (Year) JAN. 7, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH OCT. 6, 1874
9. AGE (In years last birthday) 78		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Indianapolis, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William A. Clarke.		13b. MOTHER'S MAIDEN NAME Lenore Haller.	14. NAME OF HUSBAND OR WIFE Thomas 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 James A. Kelly, St. Louis Co., Missouri.
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) Coronary Occlusion Antecedent Causes Arteriosclerotic Heart Disease Class III DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No	
19a. DATE OF OPERATION No		19b. MAJOR FINDINGS OF OPERATION No	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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) No		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200
22. I hereby certify that I attended the deceased from 1946, 19, to 1/7/53, 10, that I last saw the deceased alive on 11/7/53, 19, and that death occurred at 2 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John E. Buscoe M.D.		23b. ADDRESS Maplewood Mo.	23c. DATE SIGNED 1/8/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-9-1953	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery.	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri.
DATE REC'D BY LOCAL REG. JAN 8 1953		REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.,

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

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 Clarence A. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.