

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**7688**

State File No. ....

No. 300

10-48

FILED **MAR 11 1953**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **1759**

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> c. LENGTH OF STAY (in this place)  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute City Hospital</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2189</b> d. STREET ADDRESS (If rural, give location) <b>3676 Rutger St.</b> <b>0</b>					
<b>3. NAME OF DECEASED</b> (Type or Print) <b>MICHAEL</b> a. (First) <b>J.</b> b. (Middle) <b>KELLY</b> c. (Last)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Feb. 12 1953</b>						
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>March 10, 1891</b>	<b>9. AGE</b> (In years last birthday) <b>61</b> IF UNDER 1 YEAR: Months Days IF UNDER 1 MRS. Hours Mins.				
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Huckster (For Self)</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Fruit &amp; Produce</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Rochester, New York</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b>			
<b>13a. FATHER'S NAME</b> <b>John Kelly</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Farrell</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Helga Kelly</b>				
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>496-36-3037</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Helga Kelly 3676 Rytger St.</b>				
<b>18. CAUSE OF DEATH</b> 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.			<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (a) <b>Cronary Occlusion</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			<b>INTERVAL BETWEEN ONSET AND DEATH</b>		
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>				
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>4201</b>				
<b>22. I hereby certify that I attended the deceased from Feb 2, 1953, to Feb 13, 1953, that I last saw the deceased alive on Feb 9, 1953, and that death occurred at 9:15A m., from the causes and on the date stated above.</b>								
<b>23a. SIGNATURE</b> (Degree or title) <b>Dr. R. M. D. 0</b>			<b>23b. ADDRESS</b> <b>1446 S. Grand</b>		<b>23c. DATE SIGNED</b> <b>2-13-53</b>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>Feb. 16, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Mo.</b>			
<b>DATE REGD. BY LOCAL REG.</b> <b>FEB 16 1953</b>		<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith MD</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 *Edwin M. Bennett*

Licensed Embalmer No. *3024*

P. O. Address \_\_\_\_\_

**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.