

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26553

5422

FILED JUL 31 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

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 St. Louis, Missouri

c. LENGTH OF STAY (in this place)

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2179

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital

d. STREET ADDRESS (If rural, give location)

17 3437A EADS

## 3. NAME OF DECEASED (Type or Print)

a. (First)

b. (Middle)

c. (Last)

## 4. DATE OF DEATH

(Month)

(Day)

(Year)

MARGARET

HELEN

KELLEY

MAY

28,

1953

## 5. SEX

## 6. COLOR OR RACE

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

## 8. DATE OF BIRTH

## 9. AGE (In years last birthday)

Months

Days

Years

Hours

Mins.

FEM

Wh.

NEV. MAR.

6-4-1891

61 1/2

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

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and State or Foreign Country)

## 12. CITIZEN OF WHAT COUNTRY?

HOSP ATTEN.

City Hosp

St. Louis, Mo

U.S.A.

## 13a. FATHER'S NAME

## 13b. MOTHER'S MAIDEN NAME

## 14. NAME OF HUSBAND OR WIFE

JOHN KELLEY

MARGARET TWEMINE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT'S SIGNATURE OR NAME

## ADDRESS

No

## 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.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## MEDICAL CERTIFICATION

Cerebral hemorrhage.

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

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  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)

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

## 21f. HOW DID INJURY OCCUR?

331X

22. I hereby certify that I attended the deceased from 5-5-53, 19, to 5-28-53, 19, that I last saw the deceased alive on 5-28-53, 19, and that death occurred at 12:30P.m., from the causes and on the date stated above.

## 23a. SIGNATURE

(Degree or title)

## 23b. ADDRESS

## 23c. DATE SIGNED

William Cole M.D.

1515 Lafayette Avenue

5-29-53

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

## 24b. DATE

## 24c. NAME OF CEMETERY OR CREMATORY

## 24d. LOCATION (City, town, or county)

(State)

BURIAL

6-1-53

CALVARY

St. Louis, Mo

## DATE REC'D BY LOCAL REG.

## REGISTRAR'S SIGNATURE

## 25. FUNERAL DIRECTOR'S SIGNATURE

## ADDRESS

JUN 1 1953 REG.

J. Carl Smith M.D.

E. J. Schurr 3125 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

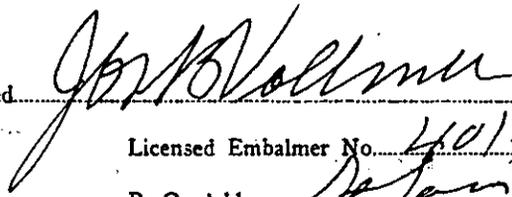
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 4414

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.