

FILED AUG 20 1955

STANDARD CERTIFICATE OF DEATH

State File No. 7248

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 <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis</i>	
c. LENGTH OF STAY (In this place)		2209 0	
d. FULL NAME OF (If not in hospital or institution give street address or location) HOSPITAL OR INSTITUTION <i>Homer Y Philips</i>		d. STREET ADDRESS (If rural, give location) <i>1803 N Jeffersonwell</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>CHERYL</i> b. (Middle) <i>E</i> c. (Last) <i>KELLY</i>		4. DATE OF DEATH (Month) <i>7</i> (Day) <i>22</i> (Year) <i>53</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>7-12-48</i>
9. AGE (In years last birthday) <i>5</i>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>St Louis</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <i>0</i>	
13a. FATHER'S NAME <i>Edwin Kelly</i>		13b. MOTHER'S MAIDEN NAME <i>Jeanette Wells</i>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT'S SIGNATURE OR NAME <i>Jeanette Kelly</i>	
		ADDRESS <i>1803 N Jeffersonwell</i>	

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		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		a) <i>Bronch pneumonia Part thickness</i>			
		b) <i>and fell thickener burn of face.</i>			
		c) <i>Heart & Chest and brain white plaques</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>With the children in front of this</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>none about 4:30 pm July 19/53</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis</i> <i>Louisa</i> <i>E 916/5</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>7/19/53 4:30</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Playing with matches</i>	
22. I hereby certify that I attended the deceased from _____, 19____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>12:50</i> A.M., from the causes and on the date stated above.					
23a. SIGNATURE <i>Wm J. P. Richardson</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>7/24/53</i>	

24a. BURIAL CREMATION REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>7-27-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis County</i>	
DATE REC'D BY LOCAL <i>JUL 25 1955</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith, md.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Richardson</i>		ADDRESS <i>2625 Glasgow</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

A. P. Richardson

Licensed Embalmer No. *2928*

P. O. Address *7625 Glasgow*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.