

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

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

30126

FILED AUG 31 1953

318

1003

State File No. _____

| | | | | | | | | |
|---|---------------------------------|--|--|---|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. 7641 | | |
| 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 town) St. Louis | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | 2219 0 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2623 Delmar Blvd. | | | | d. STREET ADDRESS (If rural, give location) 21 2623 Delmar Blvd. | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) SALLIE | | | b. (Middle) BELL | | c. (Last) KELLY | | 4. DATE OF DEATH (Month) (Day) (Year) 7-31-53 | |
| 5. SEX Female-3 | 6. COLOR OR RACE Colored | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 11-5-1895 | 9. AGE (In years last birthday) 57 | | IF UNDER 1 YEAR Months 8 Days 28 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (State or foreign country) Mayhew, Mississippi | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME George Rasco | | | 13b. MOTHER'S MAIDEN NAME Betty Armstrong | | 14. NAME OF HUSBAND OR WIFE Henry Kelly | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Henry Kelly ADDRESS 2623 Delmar Blvd. | | | | |
| 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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Exhaustion 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 checked="" 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) 100 | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? E9310 | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. 23 | | | | | | | | |
| 23a. SIGNATURE Patricia Taylor, Chrouer (Degree or title) _____ | | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 8-4-53 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 8-8-53 | | 24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, County, Missouri | | |
| DATE REC'D BY LOCAL REG. AUG 4 1953 | | REGISTRAR'S SIGNATURE Carl Smith MO | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home, Inc. 2820 Stoddard S | | | | |

(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 Fulton E. Cullins

Licensed Embalmer No. 4198

P. O. Address St. Louis 13, 7

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.