

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

45388

State File No.

FILED JAN 19 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 12162

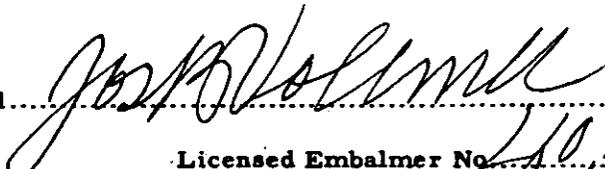
1. PLACE OF DEATH a. COUNTY /		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 17 CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3311 Eads Ave.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Parlee Kelley		4. DATE OF DEATH (Month) (Day) (Year) 12/24/53	
5. SEX Fem.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2/16/1877
9. AGE (In years last birthday) 76 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and State or Foreign Country) Miss.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Smith		13b. MOTHER'S MAIDEN NAME Martha Cook	
14. NAME OF HUSBAND OR WIFE Henry Kelley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ada Stewart 3311 Eads Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung Metastases		INTERVAL BETWEEN ONSET AND DEATH 2 mos.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Squamous Carcinoma of skin (Nasal region) DUE TO (c)		1 yr.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 191X	
22. I hereby certify that I attended the deceased from 29 Jan 1953, to 24 Dec 1953, that I last saw the deceased alive on 18 Dec 1953 and that death occurred at 5:00 pm., from the causes and on the date stated above.			
23a. SIGNATURE S. Dworkin (Degree or title) M.D.		23b. ADDRESS 1657 So Grand	23c. DATE SIGNED 24 Dec 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/26/53	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Garden	24d. LOCATION (City, town, or county) (State) St. Louis Cty, Mo.
DATE REC'D BY LOCAL REG. DEC 26 1953	REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schnur 3125 Lafayette

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 11014

P. O. Address 3125 Joyce

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.