

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38916

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9606

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. CITY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (in this place) 2 WKS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSP.		c. CITY OR TOWN MAPLEWOOD	
		d. Is Residence within limits of a city or incorporated town? No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 7439-ZEPHYR AVE	

3. NAME OF DECEASED (Type or Print) a. (First) MILDRED - b. (Middle) S - c. (Last) KELLY		4. DATE OF DEATH (Month) 10 (Day) 21 (Year) 54	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY-19-1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT-HOME	9. AGE (in years last birthday) 55
		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS - MO	12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME ALBERT-SCHAPER	13b. MOTHER'S MAIDEN NAME BARBARA-ELISON	14. NAME OF HUSBAND/OR WIFE MARION-B-KELLY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROBERT-B-KELLY-1160 So. BERRY Rd.

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		INTERVAL BETWEEN ONSET AND DEATH 4 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 9/21/54	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 151X

22. I hereby certify that I attended the deceased from 9/31/54, 10, to 21 Oct, 1954, that I last saw the deceased alive on 21 Oct, 1954, and that death occurred at 2:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Robert B. Kelly</i>	(Degree or title)	23b. ADDRESS 457 N. Kinloch	23c. DATE SIGNED 12-20-54
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 10-23-54	24c. NAME OF CEMETERY OR CREMATORY OAK-HILL CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS Co MO

DATE REC'D BY LOCAL REG. OCT 23 1954	REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY-B-SMITH-Maplewood-17-Mo.
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(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.....  
Signature of Student Embalmer

Signed.....  
*M. P. Burgess*

Licensed Embalmer No. *402*

P. O. Address *Maple*

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.