

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7150

FILED SEP 13 1955

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 MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 54 days	c. CITY OR TOWN NORTHWOODS 20		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: DePAUL HOSPITAL			e. STREET ADDRESS (If rural, give location) 7116 FOREST HILL DRIVE 4000/1		
3. NAME OF DECEASED (Type or Print) a. (First) HUGH b. (Middle) JOSEPH c. (Last) KELLY			4. DATE OF DEATH (Month) (Day) (Year) AUG. 15, 1955		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 15, 1881	9. AGE (In years last birthday) 74	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR		10b. KIND OF BUSINESS OR INDUSTRY BUILDER	11. BIRTHPLACE (City and State or Foreign Country) LITCHFIELD, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME JAMES KELLY		13b. MOTHER'S MAIDEN NAME CATHERINE DOYLE		14. NAME OF HUSBAND OR WIFE ELIZABETH CUMMINGS	
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. 496-40-3094	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Ruloff 7116 FOREST HILL		
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)			Chronic myocardia		INTERVAL BETWEEN ONSET AND DEATH 3 months
ANTECEDENT CAUSES			DUE TO (b) Coronary Sclerosis		1 year
			DUE TO (c) Hypertension		1 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443x			20. AUTOPSY? YES <input 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)		
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?			
22. I hereby certify that I attended the deceased from June 22, 1955, to Aug 15, 1955, that I last saw the deceased alive on Aug 14, 1955; and that death occurred at 4:10 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Sheridan Green			23b. ADDRESS 4500 Alton St		23c. DATE SIGNED 8/15/55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 17, 1955	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
DATE REC'D BY LOCAL REG. AUG 16 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cullen & Kelly 7267 NATURAL BRIDGE	

S.P. (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.....
Signature of Student Embalmer

Signed *James G. Lamm*.....
Licensed Embalmer No. *417*
P. O. Address *St. Louis*.....

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.