

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 17 1956

State File No. **6739**  
Registrar's No. **837**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		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 <b>2716 Queen Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>3 2716 Queen Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b> b. (Middle) c. (Last) <b>Kelly</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 23, 1956</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>Sept. 10, 1891</b>
9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>13</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Boiler Maker,</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Scullin Steel Co.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Newton Kelly</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Bishop</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Fannie Kelly</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>World War # 1 497-07-2600</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Fannie Kelly, 2716 Queen Ave.</b>		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ac. Cardio renal disease</b>  ANTECEDENT CAUSES Ch. myocarditis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pneumonia</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		19b. MAJOR FINDINGS OF OPERATION <b>442+</b>	
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) (Min.)		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 <b>7-20-</b> , 19 <b>29</b> , to <b>1-6-</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>1-6-</b> , 19 <b>56</b> and that death occurred at <b>6.05 pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. Sterling M.D.</b>		23b. ADDRESS <b>7266 Manchester</b>	
23c. DATE SIGNED <b>1-24-56</b>			
24a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Removal</b>		24b. DATE <b>Jan. 26, 1956</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>JAN 25 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	
FEDERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b>		ADDRESS <b>3840 Lindell Blvd.</b>	

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

Dr. Hebling  
7266 Newchester

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 [Signature]....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed [Signature].....  
Licensed Embalmer No. 469

P. O. Address. [Signature]

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.