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

FILED MAR 22 1956

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

State File No. 10966

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2205

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS Mo
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FIRMIN DESLOGE HOSPITAL 22

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 221
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 710 ½ S. 4th ST.

**3. NAME OF DECEASED** (Type or Print)
a. (First): NABEHA
b. (Middle):
c. (Last): KERRY

**4. DATE OF DEATH** (Month) (Day) (Year): FEB. 29 1956

**5. SEX**: FEMALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOW
**8. DATE OF BIRTH**: NOV. 3 1887
**9. AGE** (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): WIDOW
**10b. KIND OF BUSINESS OR INDUSTRY**: AT HOME
**11. BIRTHPLACE** (City and State or Foreign Country): LEBANON
**12. CITIZEN OF WHAT COUNTRY**: U.S.A.

**13a. FATHER'S NAME**: JOHN HALLABIE
**13b. MOTHER'S MAIDEN NAME**: UNKNOWN
**14. NAME OF HUSBAND OR ~~WIFE~~**: GEORGE S. KERRY (DEC'D)

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown)
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: JOSEPH KERRY 710 ½ S. 4th ST.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): nephrosclerosis
DUE TO (c): hypertensive vascular disease

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 446x
**20. AUTOPSY?** YES ☐ NO ☑

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Oct 1, 1955, *to* Feb 29, 1956, *that I last saw the deceased alive on* Feb 29, 1956, *and that death occurred at* 4:00 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or Title): Thomas, M.D.
**23b. ADDRESS**: 3915 Watson Rd, St. Louis
**23c. DATE SIGNED**: 3/1/56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: MAR. 3 1956
**24c. NAME OF CEMETERY OR CREMATORY**: CALVARY CEM.
**24d. LOCATION** (City, town, or county) (State): ST. LOUIS Mo

DATE REC'D BY LOCAL REG.: MAR 1 1956
REGISTRAR'S SIGNATURE: Carl Smith M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Thomas Kutis 2906 Gravois

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.. Leo J. Budde

Licensed Embalmer No. 39

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.