No. 300
10.48

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32653

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2066

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond Heights
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St. Louis
c. CITY OR TOWN Castlewood, 4000
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) R.R. #1

3. NAME OF DECEASED (Type or Print)
a. (First) ALEXANDER
b. (Middle) T.
c. (Last) KELLEY

4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 20, 1904
9. AGE (In years last birthday) 52 — 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) None (Disabled 2 Years)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John P. Kelley
13b. MOTHER'S MAIDEN NAME Rose Garstang
14. NAME OF HUSBAND OR WIFE May Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unk.
17. INFORMANT'S SIGNATURE OR NAME May Kelly-R.R.#1 Castlewood, Mo. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coma -

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Laenekes Cirrhosis
DUE TO (c)

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

INTERVAL BETWEEN ONSET AND DEATH: 7 Months -

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 5811
20. AUTOPSY? YES [X] 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* June, 1950 *to* Aug 31, 1956 *that I last saw the deceased alive on* Aug 31, 1956 *and that death occurred at* 4:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Malvina B Rowellow
23b. ADDRESS 4660 Maryland
23c. DATE SIGNED 9/1/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-4-56
24c. NAME OF CEMETERY OR CREMATORY Resurrection
24d. LOCATION (City, town, or county) St. Louis County, (State) Mo.

DATE REC'D BY LOCAL REG. 9-2-56
REGISTRAR'S SIGNATURE Herbert B. Donkelmann
25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser-4228 S. Kingshighway Bl. ADDRESS

(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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 453

P. O. Address .....

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