

Health, Welfare, Public Service

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29102

FILED SEP 3 1957

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 6051 Registrar's No. 2101

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural, Defiance</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>University City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS <b>6335 Waterman Ave.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Ella</b> Middle Last <b>Kelly</b>		4. DATE OF DEATH <b>August 28, 1957</b> Month Day Year	
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 19, 1875</b>
9. AGE (In years last birthday) <b>82</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired, Secy. Doctor's Office</b>	11. BIRTHPLACE (City and state or country) <b>Ireland</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Patrick King</b>		14. NAME OF HUSBAND OR WIFE <b>Stephen Kelly</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Long</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>499-34-0770</b>		17. INFORMANT Address <b>Dr. R. Emmet Kelly, 6335 Waterman Ave.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary artery disease</b> DUE TO (b) <b>arterio-sclerotic heart disease</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4200</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b> <b>10 years</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Aug 18 1957</b> to <b>Aug 28 1957</b> and last saw her alive on <b>Aug 28 1957</b> Death occurred at <b>1:30 am.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>R. Emmet Kelly M.D.</b>		22b. ADDRESS <b>1700 S second St Louis Mo</b>	
22c. DATE SIGNED <b>Aug 28 1957</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>August 30, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		24. FUNERAL DIRECTOR ADDRESS <b>3840 Lindell Blvd.</b>	
25. DATE RECD. BY LOCAL REG. <b>Aug 28 57</b>		26. REGISTRAR'S SIGNATURE <b>Margaret Wilson</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

*J. William*

Licensed Embalmer No. *356*

P. O. Address *3840 Line*

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.