

FILED JAN 13 1958

STANDARD CERTIFICATE OF DEATH

State File No. **46826**  
Registrar's No. **3293**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>590</b>		Registrar's No. <b>3293</b>		
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Wellston</b>		c. LENGTH OF STAY (in this place) <b>2 mos. 28 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Vincent's Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>6233 Northwood</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Nora</b> b. (Middle) _____ c. (Last) <b>Kelly</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 27, 1957</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June 29, 1889</b>		9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Days <b>5</b>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Ireland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>John Kelly</b>		13b. MOTHER'S MAIDEN NAME <b>Mary McAndrews</b>		14. NAME OF HUSBAND OR WIFE <b>Anthony Kelly</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>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Duncan Bauman, daughter.</b>					ADDRESS <b>6233 Northwood, St. Louis, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>Generalized Arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Schizophrenia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>  <b>10 years</b>  <b>Years</b>  <b>20 years</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION  <b>4/200</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>9 - 28 - 1957</b> , to <b>12 - 27 - 1957</b> , that I last saw the deceased alive on <b>12 - 26 - 1957</b> , and that death occurred at <b>7:20 A.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <i>W.B. Patton</i>				23b. ADDRESS <b>7301 St. Charles Hock Rd.</b>		23c. DATE SIGNED <b>12/27/57</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>12-28-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery St. Louis</b>		24d. LOCATION (City, town, or county) (State) <b>Missouri</b>			
DATE REC'D BY LOCAL REG. <b>12-29-57</b>		REGISTRAR'S SIGNATURE <i>Herbert R. Donnelly</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Arthur J. Donnelly</i>		ADDRESS <b>3840 Lindell Blvd.</b>		

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

Licensed Embalmer No. 4699

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address 3840 Lindell

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 this body is not embalmed, fact should be so stated above.