

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34904-58
58-019849

STATE FILE NUMBER 5528

REGISTRATION DISTRICT NO. 318 PRIMARY REGISTRATION DISTRICT NO. 1003 REGISTRAR'S NO. 5528

FILED JUN 11 1958

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Maternity		d. STREET ADDRESS (If outside, give location) 3407 Cherokee	
3. NAME OF DECEASED (Type or print) First Baby Middle Last Kelley		4. DATE OF DEATH Month May Day 24 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 23 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 15 UNDER 1 YEAR 30 MONTHS 0 DAYS 0 HRS. 0 MIN.
13a. FATHER'S NAME Harold Edward Kelley		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
13b. MOTHER'S MAIDEN NAME Velma Fern Bowles		12. CITIZEN OF WHAT COUNTRY? Unites States	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		14. NAME OF HUSBAND OR WIFE None	
16. SOCIAL SECURITY NO. None		17. INFORMANT Harold & Velma Kelley Address 3407 Cherokee	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hyaline Membrane Disease			INTERVAL BETWEEN ONSET AND DEATH 12 hours
DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Maternal Diabetes - Cesarean Section			19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) 7691	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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 May 23, 1958 , to May 24th and last saw ^{her} him alive on May 24, 1958 Death occurred at 6:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE FR Bradley (Degree or title) M.D.		22b. ADDRESS 630 S. Kingshighway Blvd.	
		22c. DATE SIGNED 5-24-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-26-58	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, & county) (State) Centerville, Mo.	
24. FUNERAL DIRECTOR McLAUGHLIN'S, 2301 Lafayette ADDRESS		25. DATE RECD. BY LOCAL REG. MAY 27 '58	
		26. REGISTRAR'S SIGNATURE Carl Smith MD	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

NOT

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 *James R. Chapman*
Licensed Embalmer No. *4250*
P. O. Address *St. Louis, Mo.*

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.