

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041771

STATE FILE NUMBER

10466

FILED NOV 20 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis,</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis.</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1915 Whittier</i>		Length of stay in 1b		STREET ADDRESS (If outside, give location) <i>1915 Whittier</i>	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					

3. NAME OF DECEASED (Type or print) First <i>William</i> Middle <i>O</i> Last <i>Kelly</i>			4. DATE OF DEATH Month <i>10</i> Day <i>30</i> Year <i>58</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3-1-1893</i>	9. AGE (In years last birthday) <i>65</i>	IF UNDER 1 YEAR Months <i>10</i> Days <i>10</i> Hours <i>10</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Lab.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Friseur &amp; Rail</i>		11. BIRTHPLACE (City and state or country) <i>Miss. 1</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A</i>		13. FATHER'S NAME <i>Henry Kelly</i>		14. MOTHER'S MAIDEN NAME <i>Nannie Fuller</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT <i>Pearl Kelly</i> Address <i>1915 Whittier</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>coronary occlusion</i> <i>arteriosclerosis</i> DUE TO (b) <i>Arterio Scler-osis</i> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <i>420.1</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>

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 <i>4:45 P.M.</i> Month <i>11</i> Day <i>3</i> Year <i>58</i> 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 <i>10/25/58</i> to <i>10/30/58</i> and last saw her/him alive on <i>10/31/58</i> Death occurred at <i>424 E. 1st St.</i> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Russell F. White</i>	22b. ADDRESS <i>2424 E. Ch. Sarah</i>	22c. DATE SIGNED <i>11/1/58</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>11-3-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i>
24. FUNERAL DIRECTOR <i>J. McClendon</i> ADDRESS <i>4535 Washington</i>		25. DATE RECD. BY LOCAL REG. <i>11-1-58</i>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>

(Licensed Embalmer's Statement on Reverse Side)

(H.T.)

Disposes in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Arthur L. Hilliard*

Licensed Embalmer No. *47*

P. O. Address *3100 Co.*

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..