

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042840

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3117

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY St. Louis  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY St. Louis                              |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Lemay  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN Lemay 4850  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 1120 Rainbow Dr  |   | Length of stay in lb<br>years   | d. STREET ADDRESS 1120 Rainbow Dr   |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>Margaret B Kelly  |   |   | 4. DATE OF DEATH<br>Month Day Year<br>Nov 28 1958   |
| 5. SEX<br>Female  | 6. COLOR OR RACE<br>White   | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>May 24 1877   |
| 9. AGE (In years last birthday)<br>81   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife | 11. BIRTHPLACE (City and state or country)<br>Bardstown Ky  | 12. CITIZEN OF WHAT COUNTRY?<br>USA   |
| 13a. FATHER'S NAME<br>Bud Fryrear   |   | 13b. MOTHER'S MAIDEN NAME<br>Bell Unknown   | 14. NAME OF HUSBAND OR WIFE<br>Daniel J. Kelly  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>no   | 16. SOCIAL SECURITY NO.<br>none   | 17. INFORMANT<br>Address<br>William E Kelly 1120 Rainbow Dr   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Unknown Natural Causes   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br>1 week  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |   |   | 7954  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   |   | 19. WAS AUTOPSY PERFORMED?<br>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.)            |   |   |
| 20c. TIME OF INJURY<br>Hour a.m. Month, Day, Year 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 _____ to _____ and last saw her/him alive on _____<br>Death occurred at 10:15 A on the date stated above; and to the best of my knowledge, from the causes stated. |   |   |   |
| 22a. SIGNATURE<br>Herbert R. Domke MD Commissioner of Health  |   | 22b. ADDRESS<br>801 S. Brentwood Clayton, Mo.   | 22c. DATE SIGNED  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   | 23b. DATE<br>Dec 1 58   | 23c. NAME OF CEMETERY OR CREMATORY<br>Memorial Park   | 23d. LOCATION (City, town, or county) (State)<br>St. Louis Cty Mo                                 |
| 24. FUNERAL DIRECTOR<br>E. J. Schnur 3125 Lafayette   |   | 25. DATE RECD. BY LOCAL REG.<br>11-21-58  | 26. REGISTRAR'S SIGNATURE<br>Herbert R. Domke 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

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 *Thomas R. Fenwick* .....

Licensed Embalmer No. *3793* .....  
P. O. Address *3125 Lafayette* .....

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.