

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003150

STATE FILE NUMBER

182

FILED JAN 26 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 182

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 SAINT LOUIS		c. CITY OR TOWN SAINT LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4605 SAN FRANCISCO		Length of stay in 1b 57 yrs	
3. NAME OF DECEASED (Type or print) First ANNA Middle K. Last KELL		4. DATE OF DEATH Month JAN. Day 6 Year 1959	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 7, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 80 yrs
11. BIRTHPLACE (City and state or country) Jonesboro, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Fred Foehr		13b. MOTHER'S MAIDEN NAME Pauline Schurmann	14. NAME OF HUSBAND OR WIFE Late Thomas Scott Kell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mr. Fred Kell, 2373 Fair Acres Road 21
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>Central Hemorrhage</i> DUE TO (b) <i>Hypertensive Cardiovascular Disease</i> DUE TO (c) <i>1/8/59</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>443X</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i> <i>5 years</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 _____ 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>7-30-54</i> to <i>5-27-58</i> and last saw her alive on <i>5-27-58</i> . Death occurred at <i>10</i> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>B. J. Fry</i> (Degree or title) <i>MD</i>		22b. ADDRESS <i>3720 W. 4th St. L. Mo.</i>	22c. DATE SIGNED <i>1-7-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE <i>1/9/59</i>	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS CALVIN F. FEUTZ, 4828 NAT'L BRIDGE BLVD.		25. DATE RECD. BY LOCAL REG. JAN 7 '59	26. REGISTRAR'S SIGNATURE <i>Calvin Feutz</i> <i>mds</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

D. S. LOU POLSKY, III,
3720 Washington Blvd.

1-4 Wednesday

File in city

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 *John A. Mles...*.....

Licensed Embalmer No. *4185*.....

P. O. Address *Sp. L...*.....

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.