

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025402

FILED VS JUN 20 1960 317

Primary Registration District No. 300 Registrar's No. 1805

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>			2. USUAL RESIDENCE (Where deceased lived 14 Institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Bellefontaine Neighbors</i>		Length of stay in 1b <i>11 yrs. 11 mo. 30 days</i>	c. CITY OR TOWN <i>Bellefontaine Neighbors</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Louis State School &amp; Hospital</i>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>10695 Bellefontaine Road</i>	
3. NAME OF DECEASED (Type or print) First <i>KATIE</i> Middle <i>LYNN</i> Last <i>KERLEY</i>			4. DATE OF DEATH Month <i>6</i> Day <i>10</i> Year <i>1960</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 22, 1938</i>	9. AGE (last birthday) <i>21 yrs. 8 mo. 20 days</i>	IF UNDER 1 YEAR Months <i>8</i> Days <i>20</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>MAYNARD, Arkansas</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13a. FATHER'S NAME <i>EDWARD NEWSON</i>		13b. MOTHER'S MAIDEN NAME <i>OLA KERLEY</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or bands of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Records of St. Louis State School Bellefontaine Rd</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs.</i>
IMMEDIATE CAUSE (a) <i>Malnutrition</i>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)					
DUE TO (b) <i>Periplegia</i>					
DUE TO (c) <i>Mental Retardation</i>					<i>Smile Field</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Hour <i>8:50</i> a.m. p.m.	Month, Day, Year <i>June 30, 1948</i>	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>June 30, 1948</i> to <i>June 10, 1960</i> and last saw her alive on <i>6/10/60</i> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Edward P. Hoff, M.D.</i> (Degree or title)			22b. ADDRESS <i>10695 Bellefontaine Rd</i>		22c. DATE SIGNED <i>6/10/60</i>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>6/13/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Claire Memorial Park</i>	23d. LOCATION (City, town, or county) (State) <i>St. Clair County, Ill.</i>		
24. FUNERAL DIRECTOR <i>Joseph J. Kassly - E. St. Louis, Ill.</i>		ADDRESS	25. DATE RECD. BY LOCAL REG. <i>6-11-60</i>	26. REGISTRAR'S SIGNATURE <i>John B. Murphy M.D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 27 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Not Embalmed Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Joseph J. Kessly

Licensed Embalmer No. 7541

P. O. Address E. St. Louis

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.