SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-006626
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1765

FILED VS MAR 1 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Homer G. Phillips
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2837 Stoddard
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Josie Middle: Last: Kelly

4. DATE OF DEATH: Month 2 Day 17 Year 61

5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-3-1909
9. AGE (last birthday): 51
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Mississippi
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Joe Starn
13b. MOTHER'S MAIDEN NAME: Alma Ousley
14. NAME OF HUSBAND OR WIFE: Jetson Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Jetson Kelly Address: 2837 Stoddard St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 260+

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):
Kimmelstiel-Wilson Disease

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION: St. Louis. COUNTY: STATE: Missouri

21. I attended the deceased from 2-10-61, to 2-17-61 and last saw ~~xx~~ her alive on 2-17-61
Death occurred at 11:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Sydney A. Drason (Degree or title) M. D.
22b. ADDRESS: 2601 N. Whittier St.
22c. DATE SIGNED: 2-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2/22/61
23c. NAME OF CEMETERY OR CREMATORY: WashingtonPark Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis, (County) Missouri

24. FUNERAL DIRECTOR: Ellis Fun.Home ADDRESS: 2820 Stoddard St.
25. DATE RECD. BY LOCAL REG.: FEB 21 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4198

P. O. Address_____

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.