MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3167-61-011096 STATE FILE NUMBER

FILED APR 14 1961

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 ST. LOUIS — Length of stay in 1b 13 MONTHS

c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BERNARD NURSING HOME — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3363 OXFORD — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HANNAH Middle G. Last KELLY

4. DATE OF DEATH Month APRIL Day 4, Year 1961

5. SEX FEMALE

6. COLOR OR RACE CAUCASIAN

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1/14/1881

9. AGE (last birthday) 80 — 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) RETIRED

10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE

11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME EDWARD BYRNE

13b. MOTHER'S MAIDEN NAME CATHERINE BURNS

14. NAME OF HUSBAND OR WIFE THOMAS 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 Address GERALD KELLY, 5913 FYLER AVE. ST. LOUIS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH 2 Days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Upper Respiratory infection & — 3-4 Day

~~DUE TO (c)~~ and Arteriosclerotic Cardio-Vascular Disease Yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 422.1

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 COUNTY STATE

21. I attended the deceased from 4/8/58, to 4/4/61 and last saw her/him alive on 4/1/61

Death occurred at 7:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John V. Krug MD

22b. ADDRESS 8005 Big Bend 19

22c. DATE SIGNED 4/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 4/6/1961

23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY

23d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI

24. FUNERAL DIRECTOR ADDRESS HOFFMEISTER COLONIAL MORTUARY 6464 CHIPPEWA STREET ST. LOUIS, MISSOURI

25. DATE RECD. BY LOCAL REG. APR 5 1961

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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 Lee C. Branson

Licensed Embalmer No. 4764

P. O. Address St Louis Mo

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.