

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

249

Registrar's No.

249

Registration District No.

791

Primary Registration District No.

1. PLACE OF DEATH:

1003

- (a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Mo. 11 Days
 In this community 2 1/2 yrs (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Baby Kelly Williams3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Robt. 6. (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased April 26, 1901
 (Month) (Day) (Year)

8. AGE: Years 38 Months 8 Days 11 If less than one day hr. _____ min.9. Birthplace Buffalo, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Fames F. McCall13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Luby Kelly
(City, town, or county) (State or foreign country)15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Robert T. Williams(b) Address 1907 S. 7th St17. (a) Removal (b) Date thereof 1/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hinton, Oklahoma18. (a) Signature of funeral director L. W. H. Karsidien(b) Address 2301 Lafayette Ave19. (a) JAN 9 1940 (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 23
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1907 S. 7th St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7,
year 1940 hour 11:50 minute _____ P. _____ M.21. I hereby certify that I attended the deceased from November 27, 1939 to January 7, 1940
and that I last saw him/her alive on January 7, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary Thrombosis
unknown Etiology

Due to _____

Due to _____

Other condition Chronic Myocarditis
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. J. [Signature] (M. D. or other) _____Address 1515 Lafayette Date signed 1/8/40

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Paul A. Keith

Licensed Embalmer No.....

3612

P. O. Address.....

2317 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 this body is not embalmed, above space should be left blank.