

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42787

State File No.

JAN 16 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 11654

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2119	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1035 Eureka Pl.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G. Phillips			
3. NAME OF DECEASED (Type or Print) a. (First) John Kelly b. (Middle) c. (Last) Bronaugh			4. DATE OF DEATH (Month) (Day) (Year) 12-28-51
5. SEX M	6. COLOR OR RACE 2 Negro	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-3-1901
9. AGE (In years last birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hauling	11. BIRTHPLACE (State or foreign country) Clarksville, Tennessee
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Public Schools	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME if Unknown	14. NAME OF HUSBAND OR WIFE Mary Bronaugh
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. 497-01-5889	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Rev. Alonza Fuller 4150 W. Belle
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES DUE TO (b) Chronic hypertrophied myocarditis DUE TO (c) Peri Hepatitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? H222			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:20 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Walter P. ...</i>		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 12/29/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-3-52	
24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE RECEIVED BY LOCAL REG. DEC 3 1951		REGISTRAR'S SIGNATURE J. Carl Smith M.D. E.P. Koonce	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS 1221 N. Grand	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

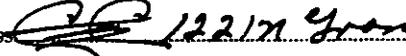
..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....


Licensed Embalmer No. 4755

P. O. Address  12217 York

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, fact should be so stated above.