

FILED OCT 16 1956

STANDARD CERTIFICATE OF DEATH

35548

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registration No. **8573**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis Mo		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo Baptist Hospital			Length of stay in 1b 259		STREET ADDRESS 5617 a Maple		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Frances Middle Kellogg Last Gillespie				4. DATE OF DEATH Month 9 Day 16 Year 56					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-10-1875		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Jackson Mich		12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME George Kellogg				14. MOTHER'S MAIDEN NAME Barbara Rich					
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. Unknown		17. INFORMANT Address Mrs. Harold Cross 5617 a Maple Av					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b); and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema							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) Acute Congestive Heart Failure							3 days		
DUE TO (c) Hypertensive Cardiovascular Disease							?		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 443.X							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 Month, Day, Year a. m. p. m.									
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 9-14-56 to 9-16-56 and last saw her alive on 9-16-56 Death occurred at a m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree, if any) Charles M. Elden, M.D.				22b. ADDRESS 3121 N. Grand				22c. DATE SIGNED 9/17/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 9-19-56	23c. NAME OF CEMETERY OR CREMATORY Homewood Cemetery		23d. LOCATION (City, town, or county) (State) Pittsburgh Pa				
24. FUNERAL DIRECTOR ADDRESS Jos W Clark F.H Inc Hodiamont Av				25. DATE RECD. BY LOCAL REG. SEP 17 1956		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			

10-12-68
M

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Stanley H. Dixon*.....

Licensed Embalmer No. *41*.....

P. O. Address *H. L.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.