

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

40144

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1073**

City **St. Louis** (No. **City of St. Louis**)

File No.

Registered No. **12172**

St.

Ward)

2. FULL NAME

(a) Residence. No. **1480 Salustiana**

(Usual place of abode)

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **20** yrs. mos. ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

March 29 1865

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>61</i>	<i>9</i>	<i>2</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Sailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ausonia

10. NAME OF FATHER

Anton Kelle

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ausonia

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Edmund Kael
City of St. Louis

15.

FILED

DEC 24 1926

Martha Starkoff

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Dec 24 1926

17.

I HEREBY CERTIFY That I attended deceased (name) *Joseph Kelle*, 19 *Dec 24*, 19 *26*, that I last saw him *live on Dec 24 1926* and that death occurred, on the date stated above, at *6:30 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS

*Ch. Myocarditis
Bronchitis with
Non-tubercular
930
112
CONTRIBUTORY (SECONDARY)*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

*(Signed) J. H. Mays, M.D.
City of St. Louis*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Calvary Cem Dec 27 1926

20. UNDERTAKER

ADDRESS

Edmund Kael 3518 414

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

copy filed 5/10/27

RECORD

Heli

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

40144-21
Local Registrar's No. 12172

State of _____ }
County of _____ } ss.

State File No. _____
Local Registrar's No. 12172

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 194____, before me appears _____

for Joseph Henli, who, upon _____ oath, states that the original record of birth death
died 12-24- 1926 in the State of
~~born~~ Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 2 should read Joseph Henli

Instead of _____

Item No. 5 should read Divorced

Instead of _____

Item No. 13 should read single

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Peter Tully Fun. Dir
Relationship.

3516 N. 14th St
Present Address.

Subscribed and sworn to before me this 22 day of Jan, 1945

My Commission expires 3-4-53 Edw C Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.