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

Do not use this space.

3298

1. PLACE OF DEATH

County St Louis, Mo — Registration District No. 791 — File No.

Township — Primary Registration District No. 1003 — Registered No. 907

City (No. St. Ward)

2. FULL NAME Mary A Kelly

(a) Residence. No. 3007 Bailey St. 20 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 18, 1846

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
80	11	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(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) Waterloo, Ill

PARENTS

10. NAME OF FATHER Unknown Kroll
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Joseph Kelly
(Address) 3007 Bailey Ave.

15. FILED JAN 25 1927 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1927, to Jan. 24, 1927 that I last saw her alive on Jan. 24, 1927, and that death occurred, on the date stated above, at 7.45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-pneumonia
107A
162
1000
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Senility. Debility.
(duration) ? yrs. ? mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? -----
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Arthur H. de Mary, M. D
1/25, 1927 (Address) 4046 N. Grand Blvd.

*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: Calvary Cemetery — DATE OF BURIAL: Jan 27 1927

20. UNDERTAKER: Bensick & Nehaus — ADDRESS: 1138 North St.

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.