

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

Do not use this space.

10513

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **1003**)

File No. **1**

Registered No. **3125**

St. **10**

Ward)

**2. FULL NAME**

(a) Residence. No. **Mumma Park Lodge, Trave**

(Usual place of abode)

Ward. **25**

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **66** yrs.

mos.

da. How long in U.S., if of foreign birth?

yrs.

mos.

da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**Male**

**4. COLOR OR RACE**

**White**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

**Single**

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

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

**Sept 2 1860**

**7. AGE**

YEARS **66**

MONTHS **6**

DAYS **8**

IF LESS than 1 day, ..... hrs. or ..... min.

**8. OCCUPATION OF DECEASED**

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

**Laborer**

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

**day**

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

**Missouri**

**10. NAME OF FATHER**

**Gar Kelly**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Indiana**

**12. MAIDEN NAME OF MOTHER**

**Edgus Crosby**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Indiana**

**14. INFORMANT**

(Address)

**St. Louis**

**City of St. Louis**

**15.**

FILED

**31 1927**

**19**

**May 6 Starkeoff**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

**March 11 1927**

**17.**

I HEREBY CERTIFY, That I attended deceased from **March 6 1927**, to **March 11 1927**, that I last saw him alive on **March 11 1927**, and that death occurred, on the date stated above, at **1:35 a.m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Chronic Myocarditis**  
**93C**  
**107A**

**CONTRIBUTORY (SECONDARY)**

**Hypostatic Pneumonia**  
**Bronchitis**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**18. DID AN OPERATION PRECEDE DEATH..... DATE OF.....**

WAS THERE AN AUTOPSY.....

**WHAT TEST CONFIRMED DIAGNOSIS.....**

(Signed) **[Signature]** M. D.  
**3/11 1927** (Address) **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 (CITY OR TOWN) DATE OF BURIAL.....**

**St. Louis** **3/17 1927**

**20. UNDERTAKER**

ADDRESS

**W. Richter 3500 Rutger**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Kelley.