

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

Do not use this space.

26123

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. ....

Township.....

Primary Registration District No. **1003**

Registered No. **17807**

City **St. Louis** (No. **Mo. Baptist Sanitarium**)

St. .... Ward)

**2: FULL NAME**

**Edward A. Kelly**

(a) Residence. No. **4431 Delmar Ave. J 19** 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**

**Male**

**4. COLOR OR RACE**

**White**

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

**Married**

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

**Lizzie Kelly**

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

**Unknown 1871**

**7. AGE**

YEARS MONTHS DAYS  
**abt. 56** | **unknown** |

IF LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

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

**Marble Setter**

(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)

**Illinois**

**10. NAME OF FATHER**

**Edward Kelly**

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

(STATE OR COUNTRY)

**Illinois**

**12. MAIDEN NAME OF MOTHER**

**Don't Know**

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

(STATE OR COUNTRY)

**Illinois**

**14. INFORMANT**

(Address)

**Lizzie Kelly  
4431 Delmar Ave**

**15.**

FILED -1 1927

**Man E. Stark off**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **8-31-1927**

**17.**

HEREBY CERTIFY, That I attended deceased from **Aug 4<sup>th</sup>** 1927, to **Aug 31<sup>st</sup>** 1927, that I last saw him alive on **Aug 30<sup>th</sup>** 1927, and that death occurred, on the date stated above, at **420 a.m.**

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

**Myocarditis Chronic**  
**93C**  
**130** **90B**  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **act nephritis**  
**due to Myocarditis** (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**19. DID AN OPERATION PRECEDE DEATH?** **no.** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **off report**

(Signed) **[Signature]**, M. D.

**8-31, 1927** (Address) **22785 [Address]**

\*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**

**St Peters Cemetery**

**9/2 1927**

**20. UNDERTAKER**

**ADDRESS**

**Arthur J. Donnelly**

**2039 Wash 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.

to [unclear]

2278<sup>a</sup> 8 Jeffa

3:00 to 5:00