PR 28 1928

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

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.

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

Do not use this space.

10539

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No.
Township CARONDELET — Primary Registration District No. 6248 B — Registered No. 100
City ~~Carondelet~~ (No. ..... St. ..... Ward)

2. FULL NAME Thomas Kelly

(a) Residence. No. ..... St., ... 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1. 1881

7. AGE: 47 — YEARS — MONTHS — DAYS — 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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

PARENTS
10. NAME OF FATHER: Pat Kelly
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Mary (Unknown)
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Koch Hospital
(Address) Koch, Mo

15. FILED: Apr. 2, 1928 L. C. Obrock, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 30 1928

17. I HEREBY CERTIFY, That I attended deceased from March 1st, 1928 to March 30, 1928 that I last saw him alive on Mar 30, 1928, and that death occurred, on the date stated above, at 4:54 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Pulm Tb.
23A
93C
about 3 (duration) 11 yrs. X mos. X ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
about (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Xray & Sputum
(Signed) Chas. S. Rosen, M. D
, 19 (Address) Koch Hosp - Koch Mo

*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 Cem
DATE OF BURIAL: 4/2 1928

20. UNDERTAKER: Stroat & Carroll
ADDRESS: 4600 Natl Bridge Rd.