

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

Do not use this space.

28992

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis, Mo. (No. ....) Sanitarium St. .... Ward)

File No. ....  
Registered No. 8497

**2. FULL NAME**

Cecelia Kelly  
(a) Residence. No. 411 St. George St 13 Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 8 mos. 8 da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 13, 1864</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>9</u>
	DAYS <u>7</u>	IF LESS than 1 day, .... hrs. or .... min.

**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)**

St. Louis Missouri

**PARENTS**

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

14. INFORMANT (Address) Joseph M. Stankoff 5300 Personal

15. FILED AUG 21 1928 May C. Stankoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/20/28 19...  
17. I HEREBY CERTIFY, That I attended deceased from 6/2/28 19... to 8/17/28 19... that I last saw him alive on 8/19/28 19... and that death occurred, on the date stated above, at 6:40 a.m.

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

Pneumonia  
107A  
1000  
CONTRIBUTORY (SECONDARY) 1000

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? Chemical & Bacteriology  
(Signed) Joseph M. Stankoff M. D.  
8/20/28, 19 (Address) 5300 Personal

\*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 DATE OF BURIAL Aug 22 1928  
20. UMBERTAKER Mr. E. Moydell ADDRESS 1926 Allen

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.

