

APR 30 1930

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

Do not use this space.

10159

## 1. PLACE OF DEATH

County St. Louis  
Township Carondelet  
City KOCH (No. 0)

Registration District No. 7123  
Primary Registration District No. 6245B

File No. 10159  
Registered No. 70  
St. 0 Ward 0

2. FULL NAME Kelin, Marshall

(a) Residence. No. 1403 Monroe St. 0 Ward 0  
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## 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 OF

Unknown

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

Dec. 23, 1880

## 7. AGE

49

YEARS

MONTHS

2

DAYS

20

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

## 8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

Illinois

(STATE OR COUNTRY)

PARENTS

## 10. NAME OF FATHER

Elick Kelin

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

Tenn.

(STATE OR COUNTRY)

## 12. MAIDEN NAME OF MOTHER

Green, Curley 3

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

Ills.

(STATE OR COUNTRY)

## 14. INFORMANT

Robert Koch Hospital

(Address)

Koch Mo.

## 15. FILED

Apr 30 1930 L. C. Abrock

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 13, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from March 6, 1929, 19, to March 13, 1930 that I last saw him alive on March 13, 1930, 19, and that death occurred, on the date stated above, at 6:45 A.M. m.

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

Far Advanced Pulmonary Tuber-  
culosis

About (duration) 1 yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) Unknown

(duration) ..... 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? No

WHAT TEST CONFIRMED DIAGNOSIS X Ray & Sputum

(Signed) A. H. H. Davis, M. D.

13/30.19 (Address) Koch Hospital

\*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

Rileyville Ill.

## DATE OF BURIAL

3/15. 1930.

## 20. UNDERTAKER

Ziegenhein B. Co. 2626 Chester St.

## ADDRESS

