

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

Do not use this space.

17549

**1. PLACE OF DEATH**

County St. Louis Mo Registration District No. 731  
 Town St. Louis Mo Primary Registration District No. 1100  
 City St. Louis Mo (No. 3856) Verona St

File No. \_\_\_\_\_  
 Registered No. 4627  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Fred J. Kellel  
 (a) Residence. No. 3856 Verona St., 10 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, WHO WAS OR DIVORCED HUSBAND OF (OR) WIFE OF Eizabeth Dreasler Kellel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 13 - 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
35 5 25

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Police Officer  
 (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) England

10. NAME OF FATHER John Kellel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Rose Malle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Eizabeth Kellel  
 (Address) 3856 Verona St

15. FILED \_\_\_\_\_ 19\_\_\_\_  
Max C. Stork REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1929, to May 8, 1930  
 that I last saw him alive on May 8, 1930 and that death occurred, on the date stated above, at 6:25 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis  
234  
 (duration) 1 do not know yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none  
 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1 do not know  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Sputum  
 (Signed) Norma Schenker M. D.  
5/9, 1930 (Address) 3606 Granite Av.

\*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 Cemetery DATE OF BURIAL May 17 1930

20. UNDERTAKER Stood & Conell ADDRESS 4600 West Bridge

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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PARENTS

