

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

Do not use this space.

25022

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1903
 City (No. 1442) Sarsfield Pl St. Ward

File No.
 Registered No. 7198
 St. Ward

2. FULL NAME

(a) Residence. No. 1442 Sarsfield St., 21 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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Female
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 Thomas H. Kelly
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-14-1887
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 5 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 1930
17. HEREBY CERTIFY, That I attended deceased from July 13 1930 to July 17 1930
 that last saw him alive on July 17 1930, and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Parenchymatous Nephritis and Embolism
131 (duration) yrs. 1 mos. 7 ds.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)

CONTRIBUTORY (SECONDARY) 129 W (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Patrick Conley

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

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

WAS THERE AN AUTOPSY?

12. MAIDEN NAME OF MOTHER Sarah Simpson

WHAT TEST CONFIRMED DIAGNOSIS

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

(Signed) R. Thom IV Jost, M. D.
 July 18, 1930 (Address) 1901 Madison St.

14. INFORMANT (Address) Thomas H. Kelly 1442 Sarsfield Pl

(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.

15. FILED: 19 1930 W. C. Stanley REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cem **DATE OF BURIAL** 7/21 1930

20. UNDERTAKER W. A. Stock and Co **ADDRESS** 2176 E. Grand

CAUSE OF DEATH IN plain text, so that it may be properly transcribed.

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