

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

Do not use this space.

16119

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. Essaite City Hosp #1)

Registration District No. 791
1008
Primary Registration District No.

File No.
Registered No. 4596
St. Ward)

2. FULL NAME

Herman L. McCellan
(a) Residence. No. 1707 Franklin St. 25 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 22, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>42</u>	<u>7</u>	<u>23</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Common Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 939
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)..... Ill 2
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Cornelius M^cCellan</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Ky.</u>
	12. MAIDEN NAME OF MOTHER <u>Mary Terry</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Ill</u>

14. INFORMANT Viola A. M^cCellan
(Address) 1910^a Osallon St.

15. FILED 5 1931
W. C. Stankley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4, 14 1931

17. No Physician in Attendance
I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 4:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
939
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 939
(duration) yrs. mos. ds.

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

18 B. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Kerner, M.D.
4/16, 1931 (Address) Dep. Coronar

*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 Velhalla Cemetery DATE OF BURIAL 4/17 1931

20. UNDERTAKER Thos. P. Shaffer Und. Co ADDRESS 424 N. Euclid

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.

