

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

Do not use this space.

27075

1. PLACE OF DEATH

County

Registration District No. 791

File No.

Township

Primary Registration District No. 1003

Registered No. 8283

City St. Louis Mo

(No. St. Johns Hospital)

St. Ward)

2. FULL NAME ELLA M. KELLEY

(a) Residence, No. 6156 Victoria Ave., St. 4 Ward. (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 FEMALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 22 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 5 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ATTENDANT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Vincent's Home

10. Date deceased last worked at this occupation (month and year) July - 1931 11. Total time (years) spent in this occupation 25

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

13. NAME JOHN J. KELLEY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW JERSEY

15. MAIDEN NAME MARY HANLAN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Ohio

17. INFORMANT (ADDRESS) MARY KELLEY, 6156 VICTORIA AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE AUG. 1 - 1931

19. UNDERTAKER (ADDRESS) GROGAN UND. CO. INC., 7146 MANHATTAN AVE.

20. FILED 1 30 1931 Ray C. Starnes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29, 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-21, 1931, to 7-29, 1931

I last saw him alive on 7-29-31, 1931 Death is said to have occurred on the date stated above, at 6:22 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Aneurysmic rupture
72A
82A
55E

Date of onset

Other contributory causes of importance:

Hemorrhagic purpura

Name of operation no Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Fred Kramer, M. D.

(Address) 6342 Grand

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.

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