

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

Do not use this space.

14918

1. PLACE OF DEATH

County Registration District No. **791**
 Township **1009**
 City **St. Louis Mo** (No. **St. Louis Mat. Hosp.**)
 Primary Registration District No.

File No.
 Registered No. **4514**
 St. Ward)

2. FULL NAME

(a) Residence, No. **14424** **Grand Ave.** **15** 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 <i>Male</i> | 4. COLOR OR RACE <i>White</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i> <small>(write the word)</small> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>4-28-1932</i> | | |
| 7. AGE | YEARS | MONTHS |
| | | DAYS |
| | If LESS than 1 day, <i>1</i> hrs. or <i>15</i> min. | |

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME *Harold Kelly*

14. BIRTHPLACE (CITY OR TOWN) *Cincinnati Ohio*
 (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME *Margaret Rosecrance*

16. BIRTHPLACE (CITY OR TOWN) *Birtpatrick Ohio*
 (STATE OR COUNTRY)

17. INFORMANT *Harold Kelly*
 (ADDRESS) *14424 S. Grand*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *assigned as specimen* DATE *4-28-1932*

19. UNDERTAKER *Dept of Pathology of*
 (ADDRESS) *Washington Univ. Wash. D.C.*

20. FILED *MAY 7 1932*
W. B. Johnson
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-28-1932*

22. I HEREBY CERTIFY, That I attended deceased from *4-28-*, 1932, to *4-28-*, 1932

I last saw *him* alive on *4-28-*, 1932. Death is said to have occurred on the date stated above, at *4:00 p.m.*

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

161A
Congenital atelectasis
 Other contributory causes of importance: *(D)*

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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

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?

If so, specify
 (Signed) *W. B. Johnson*, M. D.
 (Address) *630 S. Kingshighway*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

