

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

Do not use this space.

✓ 21390

1. PLACE OF DEATH

County

Registration District No. 701

Township

Primary Registration District No. 1000

City St. Louis

(No. St. Paul)

Hospital

File No.

Registered No. 5949

St.

Ward)

2. FULL NAME Mrs Catherine Kelley

(a) Residence. No. 2701 Semple Ave. St. 6 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

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

Oral Kelley

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

April 11 = 1885

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>47</u>	<u>2</u>	<u>13</u>	

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)

235

(c) Name of employer

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

St. Louis, Missouri

10. NAME OF FATHER

Eugene Fleming

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

Michigan

12. MAIDEN NAME OF MOTHER

Catherine Hayes

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

Deeraine

14. INFORMANT (Address)

Oral Kelley, 2701 Semple Ave.

15. FILED

33 1932 May 1932

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 24 1932

17.

I HEREBY CERTIFY, That I attended deceased from 1:25 pm June 23rd, 1932, to June 24, 1932, that I last saw her alive on June 24th, 1932, and that death occurred, on the date stated above, at 6:50 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis, acute, ruptured

12/1A 1/21 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Peritonitis, acute (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Home

DID AN OPERATION PRECEDE DEATH?

Yes DATE OF 6/23/32

WAS THERE AN AUTOPSY?

Yes

WHAT TEST CONFIRMED DIAGNOSIS?

Autopsy + Post

(Signed)

Francis E

M. D.

June 24, 1932 (Address)

St Paul Hospital

*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

DATE OF BURIAL

Calvary Cem June 27 1932

20. UNDERTAKER

ADDRESS

Gas. N. Clark Madison

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.

RECORD WITH CONTAINING THEREIN THIS IS A PERMANENT RECORD

