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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 791 — File No. 21273
Township — Primary Registration District No. 1003 — Registered No. 5055
City St. Louis (No. 3324 La Salle St. Ward)

2. FULL NAME Ernest Kelley
(a) Residence, No. 3324 La Salle St., 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 M
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? Unknown
7. AGE 70 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.
abt.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad (P.R.R.)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

FATHER
13. NAME ?
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Niece 3224 La Salle
18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 6/10 1933
19. UNDERTAKER (ADDRESS) Elmer E. Pettis 3030 Bedford
20. FILED JUN -9 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 — 6 — 1933
22. I HEREBY CERTIFY, That I attended deceased from 5 — 12 — 1933, to 6 — 6 — 1933
I last saw him alive on 6 — 6 — 1933. Death is said to have occurred on the date stated above, at 8:10 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

151 Chronic Myocarditis
92 arterio sclerotic blood vascular
97 changes especially in kidneys & central nervous system.

Other contributory causes of importance:
General Senile Dementia (Atrophy).

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

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) R. W. White, M. D.
(Address) 1635a Carr St.

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2