

NOV 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**City *St. Louis* (No. *Aluminum Bldg. Hoop*)File No. **37678**Registered No. **10125**

St. Ward)

2. FULL NAME

Robert C. Mc Kelly(a) Residence, No. *Fairview Hotel St., 17* (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)

Married

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

Effie R. Mc Kelly

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

Feb 10-1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*62**8**8*

OCCUPATION

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

Rail Road

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

Truffie

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)

Upper Sandusky Ohio

MOTHER FATHER

13. NAME

Robert M. Kelly

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

Unknown

15. MAIDEN NAME

Ernie Campbell

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

Unknown

17. INFORMANT (ADDRESS)

R. J. Mc Kelly 5786 Simpson

18. BURIAL, CREMATION, OR REMOVAL

Sandusky Ohio DATE Oct 19 1934

19. UNDERTAKER (ADDRESS)

Wagoner and Company 3621 Olive St

20. FILED

*18**1934**Joe J. Bradack Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-18* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *10-13* 19*34*, to *10-18* 19*34*I last saw him alive on *10-17* 19*34*. Death is saidto have occurred on the date stated above, at *7:20* A.M.

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

*Cerebral Arteriosclerosis
General Arteriosclerosis
Cardio Sclerosis*

Date of onset

Other contributory causes of importance:

Chronic Nephritis

Name of operation

*None*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?

If so, specify *No*(Signed) *Edward Sasin*, M. D.(Address) *1723 So 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.

