

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

Do not use this space.

FEB 21 1935

791  
1008

3231

1. PLACE OF DEATH

County .....  
Township .....  
City St. Louis (No. 4062 Flad Ave.)

Registration District No. ....  
Primary Registration District No. ....

File No. ....  
Registered No. 527  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 4062 Flad Ave. 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 Female  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Kelly  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22 1865  
7. AGE YEARS 69 MONTHS 9 DAYS 21 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
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) St. Louis Mo.

13. NAME Patrick Shea

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

15. MAIDEN NAME Mary Brown

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

17. INFORMANT Mrs. Margaret Malz (ADDRESS) 4062 Flad Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Jan. 16 1935

19. UNDERTAKER Callinane Bros. (ADDRESS) 1710 N. Grand St.

20. FILED Jan 14 1935 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13 1935

22. I HEREBY CERTIFY That I attended deceased from May 30 31 to Jan 13 35  
I last saw her alive on Jan 13 1935 Death is said to have occurred on the date stated above, at 7:45 P. a.m.  
The principal cause of death and related causes of importance were as follows:

apoplexy 1-13-35  
131  
Other contributory causes of importance:  
Arterio Sclerosis 5-20-31  
Chronic Nephritis 1-1-31  
Myocardial Regeneration 1-1-31

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 ..... 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 .....

(Signed) Edward J. Stuebel M. D.  
(Address) 1901 Madison

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.

Dr. Stuegel

19<sup>th</sup> & Madison