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.

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

Do not use this space.

JUN 12 1935

18203

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Christian Hospital St. ..... Ward)

File No. .....

Registered No. 4550

2. FULL NAME Lottie Kelly

(a) Residence, No. 4716 Lexington 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: Hugh A. Kelly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 6th, 1882

7. AGE: Years 52 | Months 7 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) (STATE OR COUNTRY): Illinois

FATHER

13. NAME: Zepnih Harland

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

MOTHER

15. MAIDEN NAME: Mary Robertson

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

17. INFORMANT: Hugh A. Kelly
(ADDRESS) 4716 Lexington Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hiram Cemetery DATE May 22nd, 1935

19. UNDERTAKER: Brehmann Haral
(ADDRESS) 1905 Union Blvd.

20. FILED May 21 1935 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 20th, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-15-, 1932, to ~~20~~ May 20, 1935

I last saw her alive on May 20, 1935. Death is said to have occurred on the date stated above, at 9:40 A.M.

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

	Date of onset
Carcinoma R. breast.	9/15/32
" R. lung	
Secondary.	1/1/35

Other contributory causes of importance: 50

Name of operation Halstead Date of 3/15/34

What test confirmed diagnosis? Clinical 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) Geo. A. Mellus, M. D.

(Address) 2743 N. Grand.

[illegible]
[illegible] & [illegible]
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