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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

JUL 12 1935

Do not use this space.

21207

1. PLACE OF DEATH

County ..... Registration District No. 791

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

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

File No. .....

Registered No. 5141

2. FULL NAME Ernest Kellams

(a) Residence, No. Bur 1923½ Olive St. St., 25 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): Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Born: June 24, 1900

7. AGE: Years 34 | Months 11 | 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. Clerical work

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

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) ~~Dont Know.~~ Indiana

FATHER

13. NAME Jacob Kellams.

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

MOTHER

15. MAIDEN NAME Bell Robins

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

17. INFORMANT Records St. Vincent de Paul
(ADDRESS) Wberg 2331 Gullanphy St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE June 12, 1935

19. UNDERTAKER J. H. Geben Lx U Co.
(ADDRESS) 2842 Meramec St.

20. FILED JUN 12 1935, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1.25 A.m.

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

	Date of onset
Fractured skull & Hemorrhage of brain recd in fall when deceased slipped on floor at Public Library	15 m
Other contributory causes of importance: Bronchio-Pneumonia	

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Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury 6/4, 1935

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place.

Manner of injury Fall

Nature of injury Fract Skull & Hem.

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify clerk - young short in station

(Signed) Harold L. Ochsner, M. D.

(Address) Lyons

6/12/35