

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.

JUL 14 1936

24729

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1008**
City **St Louis Mo.** (No. **2662 Lucas Ave**) St. Ward

File No.
Registered No. **6352** Ward

2. FULL NAME **Mamie Kelly**

(a) Residence, No. **2662 Lucas Ave.** St. **21** Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **1** 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 **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 15, 1905**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 3 5

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Jackson** (STATE OR COUNTRY) **Tenn.**

13. NAME **James Williamson**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **William Kelly** (ADDRESS) **2662 Lucas Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Jackson** DATE **4-27** 1936

19. UNDERTAKER **Ellis Funeral Home** (ADDRESS) **2820 St. Louis St.**

20. FILED **JUN 23 1936** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-20 36.** 19

22. I HEREBY CERTIFY, That I attended deceased from **May 8** 19**36**, to **June 19** 19**36**
I last saw him alive on **June 19** 19**36** Death is said to have occurred on the date stated above, at **10 a. m.**

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

Arteric Stenosis
Date of onset
P. J. A.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? **clin.** 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) **W. G. Mueller**, M. D.
(Address) **2335 Franklin**

MEMORANDUM FOR THE DIRECTOR, FBI

DATE: 10/15/54

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

[Illegible]