AUG 18 1936

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 File No. 24989

Township ..... Primary Registration District No. 1003 Registered No. 6654

City St. Louis, Mo. (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME Edward J. Kelly

(a) Residence, No. 4210 Shenandoah St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. 4 mos. 23 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): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
55	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year) About 1930
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME Michael Kelly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

MOTHER

15. MAIDEN NAME Bridget Bradley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT (ADDRESS) Herbert P. Smith M.D. 5400 Arsenal Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE July 2 1936

19. UNDERTAKER (ADDRESS) Thomas J. Hinton 1519 So. Grand

20. FILED JUL 1 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1935, 19..., to June 30, 1936 19...
I last saw him alive on June 30 1936, 19..... Death is said to have occurred on the date stated above, at 5.30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	6-28-36

83

Other contributory causes of importance:
General Paresis Luetic 12-9-35x

Name of operation ..... Date of .....
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 .....
(Signed) Herbert P. Smith M.D., M. D.
(Address) 5400 Arsenal St.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

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