

OCT 5 1936

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

791
1003

Do not use this space.

35768

File No. _____
Registered No. 9389
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. BARNES HOSP.)

2. FULL NAME

Sylvester Charles Kelleher
3664 Washington

(a) Residence, No. _____ St. 19 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) 1-2-1883

7. AGE YEARS 53 MONTHS 8 DAYS 9 If (LESS than 1 day, _____ hrs. or _____ min.)

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

12. BIRTHPLACE (CITY OR TOWN) Cape Gerardeau, (STATE OR COUNTRY) No.

13. NAME Andrew Kelleher

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

15. MAIDEN NAME Josephine Boatner

16. BIRTHPLACE (CITY OR TOWN) No. (STATE OR COUNTRY)

17. INFORMANT Josephine Kelleher (ADDRESS) 3664 Washington, Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Rector, Ark. DATE 9-12-1936-19

19. UNDERTAKER Edith E. Ambruster (ADDRESS) 4234 Manhattan Ave.,

20. SEP 12 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1936, to Sept 11, 1936. I last saw him alive on Sept 11, 1936. Death is said to have occurred on the date stated above, at 3:20 m. The principal cause of death and related causes of importance were as follows:

Cardiac failure
Chr. Passive Congestion
Lytic Heart disease
Other contributory causes of importance: It

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 Chas. L. Hoagland M. D.
(Signed) _____
(Address) BARNES HOSP.

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

MARGIN RESERVED FOR BLEEDING

V. S. NO. 2
100M-1-20-36
P. 1 X7044

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.

JUN 8 1949