

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.

Underwriter
 FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6248.13
 City Jefferson Barracks (No. Veterans Hospital #92.) St. Ward

File No. 4423
 Registered No. 20

2. FULL NAME William A. Kelly

(a) Residence, No. 855 Harlan St., Ward. 1 St. Louis, Missouri
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. wn ds. How long in U. S., if of foreign birth? un yrs. kn mos. wf

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 1, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
40 2 14

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

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

13. NAME Edward Kelly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable Ireland

15. MAIDEN NAME Anna Wahle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable Kansas

17. INFORMANT (ADDRESS) M. Schilly Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Jan. 18/37.

19. UNDERTAKER (ADDRESS) Jos. W. Clark 1125 Hodiamont Ave.

20. FILED Jan. 15, 1937 G. Mowery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1937, to January 15, 1937

I last saw him alive on January 15, 1937 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Tuberculosis, Pulmonary, Far Advanced, Bilateral, with Cavitation Date of onset unknown

Other contributory causes of importance: none
 Name of operation none Date of
 phy exam, clin manifestations Was there an autopsy? YES

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) C. W. Hughes, M. D.
 (Address) Chief Medical Officer.

9441 Ed-gar

Faint, mostly illegible text, possibly a document or form, with some words like "JULY 1950" and "OFFICE" visible.