

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 1170Township JeffersonPrimary Registration District No. 6248-HCity Redevelopment Dept(No. St. Marys Hospital)File No. 13695Registered No. 48

2. FULL NAME

JOAN ROSALIN KELLY,857 Cowen Avenue(a) Residence, No. St. 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

Female

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)

Aug. 14, 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

530

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

None

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

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)St. Louis, Mo.

13. NAME

Harold T. Kelly14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis Mo

15. MAIDEN NAME

Dorothy Kozlowski16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis MO17. INFORMANT
(ADDRESS)Harold T. Kelly
857 Cowen Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Zions DATE Feb. 16, 193719. UNDERTAKER
(ADDRESS)Math. Hermann & Son
2161 East Fair Ave, St. Lou

20. FILED

Feb. 15 1937Sam A. Bassett

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1937

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 10:45 A. M.

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

Date of onset

Acute Bronchopneumonia
10/10

Other contributory causes of importance:

NMO

Name of operation Date of

What test confirmed diagnosis Steth 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

S, M O, (Signed) John J. Connelley, M. D.(Address) Former St. Louis County

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.

