

MAY 7 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

14057

3553

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo

(No. 500 So. Kingshighway)

File No.....

Registered No.....

Ward)

2. FULL NAME Mary Ellen Kennelly

(a) Residence, No. 5025 Lindenwood St. 14 Ward. 1

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 31, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1937 to March 31, 1937, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-29-1935

I last saw her alive on Mar. 31, 1937 Death is said to have occurred on the date stated above, at 6:35 PM.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
1 6 2

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

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

Date of onset

Tuberculous Meningitis  
Pulmonary Tuberculosis 2/5/37

Other contributory causes of importance:

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

13. NAME William J. Kennelly

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo (STATE OR COUNTRY)

What test confirmed diagnosis?..... Was there an autopsy? NO

15. MAIDEN NAME Juanita Nelson

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

16. BIRTHPLACE (CITY OR TOWN) Mayfield Ky (STATE OR COUNTRY)

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT T. S. Westhoff (ADDRESS) 500 So. Kingshighway

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 4-3-1937

Nature of injury.....

19. UNDERTAKER Sorschem (ADDRESS) 6322 Grand Blvd

24. Was disease or injury in any way related to occupation of deceased? If so, specify

20. DATE APR 1 1937 Registrar J. T. Bredeck

(Signed) Ralph N. Barlow M. D.

(Address) 500 So. Kingshighway

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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