

OCT 14 1937

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH791  
1008

32236

Do not use this space.

Registered No. 8290

## 1. PLACE OF DEATH

- (a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City St. Louis (d) Street No. City Hospital No. 1 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
C. 7536 James Kelly

## 2. PRINT FULL NAME

- (a) Residence, No. 7500 South Wharf St. 1  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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) July 2, 1872

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>65</u>		<u>1</u>	<u>28</u>	

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

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

nil  
 11. Total time (years) spent in this occupation.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME HENRY KELLY14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN15. MAIDEN NAME UNKNOWN16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN17. INFORMANT Hosp. Info M. Kent  
(ADDRESS) MRS PHILIP GARTLAND, CHICAGO, ILL18. BURIAL, CREMATION, OR REMOVAL  
PLACE CHICAGO, ILL DATE 9-4 193719. FUNERAL DIRECTOR MULLEN BROS  
(ADDRESS) 4259 LINDELL BLVD20. FILED SEP 3 1937 J. Bredeck  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/30/37 193722. I HEREBY CERTIFY, That I attended deceased from 8/26/37 to 8/30/37I last saw him alive on 8/30/37 1937. Death is saidto have occurred on the date stated above, at 2:45 p.

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

Malaria  
no typhoid

Date of onset

Other contributory causes of importance:

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 Richard P. Voth M. D.  
(Signed) Richard P. Voth M. D.  
(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, IN INK, WITH AN UNBLENDED PENCIL OR A PERMANENT RECORD  
 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.

1 X12004

**STATEMENT BY LICENSED EMBALMER**

I, Wm Rogers, Licensed Embalmer No. 3905-

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Wm Rogers  
Licensed Embalmer No. 3905-

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**