

NOV 15 1937

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

35944  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City ..... (d) Street No. **7203** **MINNESOTA, AV** St. **9521**  
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**PATRICK KELLY**  
(a) Residence, No. **7203 MINNESOTA, AV** St. **T**  
(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) **MARRIED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **MARY KELLY**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MAR. 18 1865**

7. AGE YEARS **72** MONTHS **6** DAYS **22** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **MOTOR MAN.**  
9. Industry or business in which work was done, as saw mill, bank, etc. **RETIRED**  
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) **IRELAND**

FATHER 13. NAME **UNKNOWN**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**

MOTHER 15. MAIDEN NAME **UNKNOWN**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**

17. INFORMANT **DR. M. REIFEISS**  
(ADDRESS) **3340 So GRAND, AV.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **ST. PETER & PAUL CEM** DATE **OCT 13 1937**

19. FUNERAL DIRECTOR **JOS. P. FENDLER, JR.**  
(ADDRESS) **7128 MICHIGAN, AV.**

20. FILED **OCT 13 1937** **J. Bredeck**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-10 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 6**, 19**37**, to **October 10**, 19**37**  
I last saw him alive on **10-10**, 19**37**. Death is said to have occurred on the date stated above, at **7:00 A.M.**  
The principal cause of death and related causes of importance were as follows:

**Myocardial Infarction** Date of onset **8**  
**Senility**

Other contributory causes of importance:  
**Spandy tires following injury 20 yrs ago? 2-3 weeks ago death expected not be ascertained**  
Name of operation ..... Date of operation .....  
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 **1937**  
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 **Heart**  
(Signed) **Walter P. Schaeffer**, M. D.  
(Address) **3805 So Broadway**

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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