

DEC 28 1937

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

42413

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis
(b) Township Wainandy
(c) City Wellston, Mo.
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 789
Primary Registration District No. 6033B

Registered No. 325

(d) Street No. I426 LeRoy Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME -Loretto Kelleher

(a) Residence, No. I426 LeRoy Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John Kelleher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1902.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 35 6 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) St. Charles,
(STATE OR COUNTRY) Missouri

13. NAME William Kellerhaus

14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Charlett LeClair

16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT John Kellher
(ADDRESS) I426 LeRoy Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Nov. 29/37.

19. FUNERAL DIRECTOR Jos. W. Clark
(ADDRESS) 1125 Hodiamont Ave.

20. FILED 11-26- 19 37 Edl. Baebner
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25/37. 19 37

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, 9.30 A.M.

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

Cerebral Hemorrhage Date of onset 1 day

Other contributory causes of importance: Hypertension 1 year

Name of operation None Date of _____
What test confirmed diagnosis? medical history Was there an autopsy? No

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) John O. Connelley, M.D.
(Address) 1125 Hodiamont Ave., St. Louis, Mo.

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I.

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

L. E.

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

Signed Jos. W. Clark.
Licensed Embalmer No. I66I.

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.)