

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

46673  
 Do not use this space.

**JAN 24 1938**

1. PLACE OF DEATH *St. Louis*  
 (a) County *St. Louis* Registration District No. *789*  
 (b) Township *St. Louis Central* Primary Registration District No. *6033*  
 (c) City *St. Louis* Mo. (d) Street No. \_\_\_\_\_  
 (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.

Registered No. *336*

2. PRINT FULL NAME *Frieda Kelly*  
 (a) Residence, No. *4316 Oakwood Ave Pine Lawn* St.   
 (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 <b>F.</b>	4. COLOR OR RACE <b>W.</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>John Kelly</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug. 1, 1889</i>		
7. AGE YEARS <i>48</i>	MONTHS <i>4</i>	DAYS <i>6</i>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>Housewife</i>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <i>23</i>	
	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) <i>Belleville, Ill.</i>		
FATHER	13. NAME <i>John Waterspiel</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Kune Waterspiel</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT (ADDRESS) <i>John Kelly</i> <i>4316 Oakwood, Pine Lawn, Mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary Cem.</i> DATE <i>12/10/37</i>		
19. FUNERAL DIRECTOR (ADDRESS) <i>Sullivan Und. Co.</i> <i>2849 No. Euclid Av.</i>		
20. FILED <i>12-8-37</i> 19. <i>H. Beckner</i> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12/7/37*

22. I HEREBY CERTIFY, That I attended deceased from *10/7/37*, 19\_\_\_\_, to *12/7/37*, 19\_\_\_\_.  
 I last saw him alive on *12/7/37*, 19\_\_\_\_. Death is said to have occurred on the date stated above, at *1 P.M.*  
 The principal cause of death and related causes of importance were as follows:  
*Murmia*  
*Hypertension*  
*Chronic Bright Disease*  
 Other contributory causes of importance:  
*None*  
 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. \_\_\_\_\_

24. Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) *W. H. Butler*, M. D.  
 (Address) *4745 Latonia*

Date of onset  
*11/2/37*

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.

Dr. Wm. Becker.

4843 Labadie

Ev. 6803

STATEMENT BY LICENSED EMBALMER

I, W. E. Burgess, Licensed Embalmer No. 3547

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 W. E. Burgess

Licensed Embalmer No. 3547

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.)