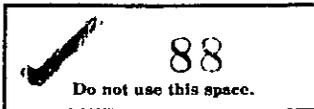


REC'D FEB 1 1939

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


1. PLACE OF DEATH

- (a) County..... Registration District No. **791**
- (b) Township..... Primary Registration District No. **1003** Registered No. **88**
- (c) City St. Louis, Missouri (d) Street No. Isolation Hospital 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 6 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Dorothy KELL

- (a) Residence, No. 1431^{1/2} South VANDEVENTER St. 18 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JUNE 18, 1915</u>		
7. AGE	YEARS	MONTHS
	<u>23</u>	<u>6</u>
		DAYS
		<u>15</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>PRESSING MACHINE</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Kungstrass</u>	
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time spent in this occupation..... <u>Yrs. Co.</u>	

12. BIRTHPLACE (CITY OR TOWN)..... MISSOURI
(STATE OR COUNTRY)13. NAME SHELBY KELL14. BIRTHPLACE (CITY OR TOWN)..... MISSOURI
(STATE OR COUNTRY)15. MAIDEN NAME MAY WELCH16. BIRTHPLACE (CITY OR TOWN)..... MISSOURI
(STATE OR COUNTRY)17. INFORMANT A. LANE
(ADDRESS) 5600 ARSENAL ST.18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem, Mo DATE 2-4-3919. FUNERAL DIRECTOR (NAME) Wiegand's Mortuary
(ADDRESS) 4228 So. Kings Highway20. FILED JAN 3 1939
J. D. Beck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2-39, 19.....
22. I HEREBY CERTIFY, That I attended deceased from 10-11-38, 19....., to 1-2-39, 19.....
- I last saw her alive on 1-2-39, 19..... Death is said to have occurred on the date stated above, at 10 m.
- The principal cause of death and related causes of importance were as follows:

Pul. Tuberculosis Date of onset

- Other contributory causes of importance:
Potential Tuberculosis
- Name of operation..... Date of.....
- What test confirmed diagnosis?..... Was there an autopsy? ye

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 home, 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 Isolation Hosp
- (Signed) Geo. S. Boylston, M. D.
- (Address) Isolation Hosp

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed: *Edmund M. Bernath*
Licensed Embalmer No. *3034*
P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.