REC'D MAR 13 1939

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

791 1003

4833
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Missouri
(d) Street No. City Sanitarium 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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.
Primary Registration District No.
Registered No. 1526

2. PRINT FULL NAME Ethel Kelly
(a) Residence, No. 915 Aubert Ave. St. 12
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Isaac Kelly
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-17-1875
7. AGE: YEARS 64 | MONTHS | DAYS 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Boarding-House
9. Industry or business in which work was done, as saw mill, bank, etc.: Operator
10. Date deceased last worked at this occupation (month and year): About 7-1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canton Missouri

FATHER
13. NAME: John Fryer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Sarah Ann Calvert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): A.K. Busch. ,.D. 5400 Arsenal St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Feb. 17, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. H. Gebken L & U Co. 2842 Meramec St.
20. FILED FEB 16 1939 J. F. Budock Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-9-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-16-1939, 19, to 2-9-1939, 19
I last saw her alive on 2-9-39, 19. Death is said to have occurred on the date stated above, at 8:33 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis with Myocardial degeneration Hypertensive Heart Disease

Date of onset

Other contributory causes of importance:
Arteriosclerosis
Senility

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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
(Signed) A. K. Busch, M. D.
(Address) 5400 Arsenal St

(Licensed Embalmer's Statement on Reverse Side)

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.

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.

No Embalming

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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