

21 1939

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

7735
Do not use this space.

REC'D MAR 9 1939

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Clayton Primary Registration District No. 101
(c) City Clayton (d) Street No. St. Louis County Hospital Registered No. 309
(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 John Kelly

(a) Residence, No. Florissant Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 77 - - - -

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. D.K.
10. Date deceased last worked at this occupation (month and year) 1939 11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

13. NAME John Kelly

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

15. MAIDEN NAME Mary Burke

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

17. INFORMANT (ADDRESS) Geo W Grueninger Florissant Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb 23 1939

19. FUNERAL DIRECTOR (ADDRESS) A Kron & Co 2707

20. FILED FEB 21 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1939

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19. I last saw him alive on 19, 19 19. Death is said to have occurred on the date stated above, at 6.05 PM. The principal cause of death and related causes of importance were as follows:

accidental fall down stairs Date of onset 2.15.39

Other contributory causes of importance: Fracture of the skull 2/15/39

Name of operation clinical signs Date of yes
What test confirmed diagnosis clinical signs Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide accident Date of injury 2/15/39
Where did injury occur? Florissant Mo. (City, town, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Private club
Nature of injury Fell down stairs
Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify John J. Soull M. D.
(Signed) Coroner to St. Louis County, Mo.
(Address)

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, Paul H. Kennerly, Licensed Embalmer No. 2631

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

..... L. E.

No..... or by.....
working under my personal supervision.

Signed Paul H. Kennerly Registered Apprentice No.....
Licensed Embalmer No. 2631

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.)