7 - 1939

REC'D MAY 11 1939

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

16172
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township
(c) City Wellston
(d) Street No. 6508 Hobart Ave. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 784
Primary Registration District No. 200
Registered No. 626

2. PRINT FULL NAME Estelle Kelly.
(a) Residence, No. 6508 Hobart Ave. 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: 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 Claude Kelly.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 9, 1898.

7. AGE: YEARS 41 | MONTHS 2 | DAYS 26 | If LESS than 1 day, ...hrs. or ....min.

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) (STATE OR COUNTRY) Millspring, Missouri.

FATHER
13. NAME Francis Boyer.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

MOTHER
15. MAIDEN NAME Lilly Andrews.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

17. INFORMANT (ADDRESS) Mr. Claude Kelly. 6508 Hobart Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Millspring, Mo. DATE April 8, 1939.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. L. Pleitsch Inc. 5966-68 Easton Ave.

20. FILED APR 7 - 1939 T. R. Meyer M.D. Ph. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mch 18th, 1939, to April 4th, 1939
I last saw her alive on April 4th, 1939. Death is said to have occurred on the date stated above, at 3:15 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Date of onset

92 W.

Other contributory causes of importance:
Chronic Endocarditis
Influenza (Convalescing)

Name of operation — Date of —
What test confirmed diagnosis? 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) Clyde E. Kane, M. D.
(Address) 4625 Newberry

(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.

No. 324

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, 3454 D. C. Gibson, or by .....

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

Signed David C. Gibson

Licensed Embalmer No. 3454

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.