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.

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

REC'D JUN 12 1939

16706
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 4240

1. PLACE OF DEATH

(a) County 3
(b) Township
(c) City St. Louis
(d) Street No. 5877 Wabada 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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward S. Kelly.

(a) Residence, No. 5877 Wabada Ave. St. 6
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1854.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
85	2 /	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc. retired.
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) Buffalo, New York.

FATHER
13. NAME Edward Kelly.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Port, Maine.

MOTHER
15. MAIDEN NAME Charlotte Johnson.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo, New York.

17. INFORMANT Mrs. Mary Gross.
(ADDRESS) 5877 Wabada Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Lebanon Cem. DATE May 8, 1939.

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

20. FILED MAY 7 1939 J. E. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1939, to May 5, 1939, I last saw him alive on May 5, 1939. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	5/5/39

Other contributory causes of importance:

Arteriosclerosis

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? no 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) J. P. Hammerich Jr., M. D.
(Address) 6200 Columbia

(Licensed Embalmer's Statement on Reverse Side)

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 David E. Gibson, or by .....

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

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address.....

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

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