

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

16745
Do not use this space.

REC'D JUN 12 1939

**791
1008**

Registered No. **4279**

1. PLACE OF DEATH

(a) County.....**2** Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City **St. Louis** (d) Street No. **4718 Olive St.** 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.

2. PRINT FULL NAME

4120 Timothy Joseph Kelleher
 (a) Residence, No. **4718 Olive St.** St. **12** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Stella Busby Kelleher**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 12, 1888**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	50	5	25	

OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. **Carpenter Helper**
 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) **St. Louis Mo.**

FATHER 13. NAME **Timothy Kelleher**

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

MOTHER 15. MAIDEN NAME **Mary O'Mally**

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

17. INFORMANT (ADDRESS) **Mrs. Stella Busby Kelleher 4718 Olive St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valvary** DATE **May 10, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Arthur J. Donnelly 3840 Lindell Blvd.**

20. FILED **MAY 8 1939** **J. B. [Signature]** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 7, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **June 18 1938** to **May 7 1939**
 I last saw him alive on **Apr. 18 1939**. Death is said to have occurred on the date stated above, at **7:45 am.**
 The principal cause of death and related causes of importance were as follows:

Myocarditis (chronic)
 Date of onset **June 18 38**
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis **Microscopic** 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) **Paul C. [Signature]** M.D.
 (Address) **608-9 Metropolitan Bldg.**

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.

Signed Stanley Marchlewsk
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.