REC'D JUN 12 1939

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

791
1003

16900
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 4434
(c) or City St. Louis (d) Street No. Missouri Baptist Hosp. 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 401 Cecelia Kelly
(a) Residence, No. 2950 Montgomery St. 20
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 4, 1876
7. AGE: YEARS 62 MONTHS 8 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as saw mill, bank, etc. Mullamphy Hosp.
10. Date deceased last worked at this occupation (month and year) June 1928
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Connecticut 1

FATHER
13. NAME Peter Kelly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unkn. England 4

MOTHER
15. MAIDEN NAME Mary Lynch 5
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unkn. Ireland

17. INFORMANT (ADDRESS): Mrs. Geneva Eckols 4553a Ashland Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Rem. DATE 5/15 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Sudmeyer & Sons 3934 N. 20th St.
20. FILED ..... 19 ..... J. F. Bledsoe Local Registrar
MAY 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1939
22. I HEREBY CERTIFY, That I attended deceased from May 10, 1939, to May 11, 1939
I last saw her alive on May 11, 1939 Death is said to have occurred on the date stated above, at 9:30 P.m.
The principal cause of death and related causes of importance were as follows:
Cronic Myocarditis
Date of onset
Other contributory causes of importance:
Hear Cardiac Embolus
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? ..... 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) E. Murray Ross Brotzman M. D.
(Address) 1918 East Grand

(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.

...PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Geo. P. Schubert, Registered Apprentice No.

working under my personal supervision.

Signed Geo. P. Schubert

Licensed Embalmer No. 2212

P. O. Address 5118 N. Kingshighway

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.