

DEC 13 1939
Registration District No. 731

Primary Registration District No. _____

Registrar's No. 9498

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3944 McPherson Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Mazie Kelly W.O.B.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.6. (b) Name of husband or wife William Kelly 6. (c) Age of husband or wife if alive 63 years7. Birth date of deceased Unk. Unk. 1877
(Month) (Day) (Year)8. AGE: Years 62 Months Unk. Days Unk. If less than one day _____ hr. _____ min.9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)10. Usual occupation At Home 0

11. Industry or business _____

12. Name Edward McCabe 113. Birthplace New York 1
(City, town, or county) (State or foreign country)14. Maiden name Catherine O'Brien 1
(City, town, or county) (State or foreign country)15. Birthplace New York
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Wm. Kelly(b) Address 3944 McPherson Ave.17. (a) Burial (b) Date thereof 11-9-1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lake Charles18. (a) Signature of funeral director Arthur Honnery(b) Address 3840 Lindell Blvd.19. (a) NOV 7 1939 (b) J.F. Oudech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1
 (c) City or town St. Louis 19
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3944 McPherson Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6,
year 1939 hour 4 minute P. M.21. I hereby certify that I attended the deceased from 11-6-1939, to 11-6-1939;
that I last saw her alive on 11-6-, 1939;
and that death occurred on the date and hour stated above.Immediate cause of death Acute Gastritis Duration 2 hrs.Due to Error in diet.

Due to _____

Other conditions Hypertension
(Include pregnancy within 3 months of death)Major findings: 178C
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? 1 (Specify type of place) _____
(a) Means of injury _____28. Signature Cawhite (M. D. or other) _____Address 1114 W. Theatre Bldg. Date signed _____

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.....

Licensed Embalmer No.....

P. O. Address.....

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.