

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.

JAN 12 1940  
Registration District No.

**791**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **10306**

1. PLACE OF DEATH: **1003**  
 (a) County 1  
 (b) City or town ST. LOUIS  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: FIRMIN DESLOGE HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 DAYS  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County ST. LOUIS  
 (c) City or town WEBSTER GROVES, MO.  
 (If outside city or town limits, write "RURAL") NR  
 (d) Street No. 62 CHESTNUT ST.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME MARY ELIZABETH KELLY  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 11 day 30  
 year 1939 hour 6 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from 11/20  
 \_\_\_\_\_, 1939, to 11/30, 1939;  
 that I last saw her alive on 11/30, 1939;  
 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
 6. (b) Name of husband or wife JAMES S. KELLY 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased AUGUST 12 - 1855  
 (Month) (Day) (Year)

Immediate cause of death Carcinomatosis  
Bronchitis Pneumonia  
Chronic Myocarditis  
 Duration \_\_\_\_\_

8. AGE: Years 84 Months 3 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Carcinomatosis Uter  
Right chest wall  
 Of autopsy No autopsy

9. Birthplace ST. LOUIS MISSOURI  
 (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name PHILIP HARNEY

13. Birthplace \_\_\_\_\_ IRELAND  
 (City, town, or county) (State or foreign country)

14. Maiden name MARY KRADEN

15. Birthplace \_\_\_\_\_ IRELAND  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John George Taylor

(b) Address 62 CHESTNUT ST WEBSTER GROVES

17. (a) BURIAL (b) Date thereof DEC 4 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Partner and Co

(b) Address Webster Groves Mo.

19. (a) DEC 1 1939  
 (Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ (Specify type of place) (e) Manner of injury \_\_\_\_\_

28. Signature A. C. Taylor (M. D. or other) MD

Address 1004 No Theatre Bldg Date signed 12/1/39

---

---

**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 \_\_\_\_\_

E. C. Aldrich, Registered Apprentice No. 1332  
working under my personal supervision.

Signed E. C. Aldrich

Licensed Embalmer No. 1332

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.**