

JAN 12 1940; 791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH: ¹⁴⁰⁰
(a) County: City Hospital 1
(b) City or town: St. Louis Mo
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 week
(Specify whether
In this community: Life
years, months or days)

3. (a) PRINT FULL NAME: James M Kelly 400
3. (b) If veteran, name war: No
3. (c) Social Security No.:

4. Sex: MALE 5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: SARAH KELLY
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: 12-10-1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 11 23 hr. min.

9. Birthplace: St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Steward

11. Industry or business: Wabash RR

MOTHER FATHER
12. Name: LAWRENCE KELLY
13. Birthplace: Ireland
(City, town, or county) (State or foreign country)
14. Maiden name: MARY KELLY
15. Birthplace: New York
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Ma Sarah Kelly
(b) Address: 4628 Elmbank

17. (a) Burial (b) Date thereof: 12-6-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: Sullivan

(b) Address: 2849 No English

19. (a) DEC 4 1939 (b) J.P. [Signature]
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: St. Louis Mo 10
(If outside city or town limits, write "RURAL")
(d) Street No.: 4628 Elmbank
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1939 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on Dec 3 1939 and that death occurred on the date and hour stated above.

Immediate cause of death: Amputation of both legs left leg at med. thigh right

Due to: Finger fractured, suffered

Due to: When run over by Wabash train #135 being backed

Other conditions (Include pregnancy within 3 months of death): into Union Station by

Major findings: Track #10 about 10:15

Of autopsy: Nov. 29 - 1939

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

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

(b) Date of occurrence: 11/29/39

(c) Where did injury occur?: St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Factory place
(Specify type of place)

While at work? _____ (a) Means of injury: 4

23. Signature: Alfred [Signature] (M. D. or other)
Address: 4628 Elmbank Date signed: 12.4.39

Underline the cause which death should be charged statistically.

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.....

..... *Albert Madfield* Registered Apprentice No.....
working under my personal supervision.

Signed.....

Albert Madfield
Licensed Embalmer No. *31077*

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.