

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) Country **St. Louis, Mo.**
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **2708 Market Street**
(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 **400** **Ida Mathews Kelly**
3. (b) If veteran, name war No. _____ 3. (c) Social Security No. **No.**

4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Not Known** 6. (c) Age of husband or wife if alive **Dead** years _____

7. Birth date of deceased **Not Known**
(Month) (Day) (Year)

8. AGE: Years **About 62** Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation **Housework**

11. Industry or business **Laundress**

12. Name **Not Known**

13. Birthplace **Missour.** (City, town, or county) (State or foreign country)

14. Maiden name **Not Known**

15. Birthplace **Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Pauline Jones**

(b) Address **2142 Walnut Street**

17. (a) **Rural** (Burial, entombment or removal) (b) Date thereof **Feb. 15th 1940** (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **A. L. Beal Und Co.**

(b) Address **2726 Lucas Ave.**

19. (a) **FEB 15 1940** (Date received local registrar) (b) **J. F. Beudet** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town **St. Louis, Mo.** **2.2**
(If outside city or town limits, write "RURAL")
2708 Market Street
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **11** year **1940** hour **10** minute **45 P. M.**

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

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pericarditis following fractured ankle West
fractured ankle West
fractured ankle West
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings _____
Of operations _____
Of autopsy _____

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) Means of injury _____

23. Signature **J. F. Beudet** (M. D. or other)

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Budie Beal Anderson*

Licensed Embalmer No. *2929*

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.