

APR 15 1940

V. S. No. 2  
M-11-10-39  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9494**  
Registrar's No. **2977**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Lukes Hospital**  
(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 **Mary Kelly**

8. (b) If veteran, name war **No.** 8. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if \_\_\_\_\_  
years

7. Birth date of deceased **July 10 - 1883**  
(Month) (Day) (Year)

8. AGE: **56** Years **60** Months **10** Days **19** If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

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

12. Name **Allen Kelly**

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

14. Maiden name **Mary McDonald**

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

16. (a) Informant **Hannah Kelly**

(b) Address **705a Zeiss**

17. (a) **Removal** (b) Date thereof **3-30-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dublin, Ind.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **MAR 30 1940** (b) **J. F. Bredich**  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County \_\_\_\_\_  
(c) City or town **Toledo** **N.R.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rural**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **29**  
year **1940** hour **8** minute **50** **A.M.**

21. I hereby certify that I attended the deceased from **March 25, 1940** to **March 29, 1940**  
that I last saw **her** alive on **March 29, 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Intra-ventricular**  
Due to **Hemorrhage**  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **No**  
Of autopsy **Yes**

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)  
(c) Means of injury \_\_\_\_\_

23. Signature **J. F. Bredich** (M. D. or other) \_\_\_\_\_  
Address **Med. Dep. Bldg.** Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

21035

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**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

*J. G. Seaman*

Licensed Embalmer No. 1172

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.**