

2231
S. No. 2
11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUN 13 1940 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17282
State File No.
4760
Registrar's No.

Registration District No. Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 Days
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Andrew Kelleher 460
3. (b) If veteran, name war _____ **3. (c) Social Security No.** None

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Single
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
alive years
Sept. 29 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	8	0	hr. min.

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

10. Usual occupation Sheet Metal Worker
11. Industry or business Retired

MOTHER FATHER
12. Name: Robert Kelleher
13. Birthplace: Ireland
14. Maiden name: Rose Ann Cahill
15. Birthplace: St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Joseph Keelley
(b) Address: 3644 Flad Ave.

17. (a) Burial **(b) Date thereof:** June 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Cullinane Bros.
(b) Address: 1710 N. Grand Blvd.

19. (a) MAY 31 1940 **(b) Registrar's signature:** [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
3644 Flad Ave.
 (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 May day 29,
 year 1940 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from May
17, 1940, to May 29, 1940;
 that I last saw him alive on May 29, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Chr Myocarditis 4 yrs
 Due to arteriosclerosis 4 yrs
Hypertension 4 yrs
 Other conditions senile dementia 6 mo
(include pregnancy within 3 months of death)

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 fall

23. Signature: Walter Ford (M. D. or other) _____
 Address 1515 Lafayette, Date signed 5/31/40

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.....

Fred Frick

Licensed Embalmer No. *3186*

P. O. Address.....

St. Louis, Mo

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.