

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. Luke's 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 Flora Kelly
 3. (b) If veteran, name war No.
 3. (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 alive _____ years
 7. Birth date of deceased Jan. 6 1919
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 6 24 hr. min.

9. Birthplace Shannon Co. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER
 12. Name James Kelly
 13. Birthplace Shannon Co. Missouri
 (City, town, or county) (State or foreign country)

MOTHER FATHER
 14. Maiden name Maggie McCabe
 15. Birthplace Shannon Co. Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature James Kelly
 (b) Address Winona, Missouri.

17. (a) Burial (b) Date thereof 7-31-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bethany Chapel, Mo.

18. (a) Signature of funeral director Abbert H. Hoppe
 (b) Address 4700 Washington Ave.

19. (a) JUL 31 1940 (b) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon
 (c) City or town Winona N.R.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
 year 1940 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from July 18, 1940, to July 26, 1940
 that I last saw her alive on July 29, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Brain tumor
 Due to Unknown as to malignancy

Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations Brain tumor
 Of autopsy Brain tumor

Duration _____
 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)
 (a) Means of injury _____
 23. Signature Cecil G. Aker M.D. (M. D. or other)
 Address St. Luke Hosp St. Louis Date signed 7/30/40

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

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.

6459
6459

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. S. Sullivan*.....
Licensed Embalmer No. *1122*.....

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.