

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4208 Juniata
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 59 yrs.
In this community 59 yrs.
years, months or days

3. (a) PRINT FULL NAME Ella Kelleher

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-01-5726

4. Sex Female 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

7. Birth date of deceased August 29 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Corsetier

11. Industry or business Cout - LINGERIE

12. Name Cornelius Delleher

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

14. Maiden name Nora Buckley

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

16. (a) Informant Miss Nora Kelleher

(b) Address 4208 Juniata

17. (a) Burial (b) Date thereof 9-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chipewa

19. (a) SEP 13 1940 (b) J. P. Prudeck
(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
(If outside city or town limits, write "RURAL")
(d) Street No. 4208 Juniata
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1 1939
to Sept 11 1940
that I last saw her alive on Sept 10 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis (pneumonia)
Due to _____
Due to 23
Other conditions None
(Include pregnancy within 5 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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?
844 (Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature J. S. Permaud (M. D. or other) _____
Address 3115 So. Grand Date signed 9/12/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address 3747 Sumner Co

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.