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FILED JAN 8 1940

State File No. \_\_\_\_\_

Registration District No. 104

Primary Registration District No. 101

Registrar's No. 2284

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 days  
(Specify whether years, months or days)

In this community 16 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Johns Station  
(If outside city or town limits, write "RURAL")

(d) Street No. 8700 Thomas  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME David Kelly

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3  
year 1940 hour 9 minute :40 P.A.M.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Elinor Bishop Kelly

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased April 21 1907  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-11-40  
\_\_\_\_\_, 19\_\_\_\_, to 12-3-40, 19\_\_\_\_;

that I last saw him alive on 12-3-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

33	7	12	hr. _____ min. _____
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Immediate cause of death.

Tuberculous Pneumonia 23 dys.

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

10. Usual occupation laborer

11. Industry or business W.P.A.

Due to Simple Meningitis (Tuberculous?) 3 dys.

Other conditions None  
(Include pregnancy within 3 months of death)

MOTHER FATHER {

12. Name David Kelly

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

14. Maiden name Florence Field

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

Major findings: Of operations None

Of autopsy None

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Ernest Kelly

(b) Address St. Johns, Mo.

17. (a) \_\_\_\_\_ (b) Date thereof 2-6-40  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem

18. (a) Signature of funeral director Ernest Kelly

(b) Address St. Johns, Mo.

19. (a) DEC 4 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

23. Signature Ernest Kelly (M. D. or other) \_\_\_\_\_  
Address Clayton, Mo. Date signed 12/4/40

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Francis J. Lahey*

Licensed Embalmer No. *2792*

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, fact should be so stated above.**