

No. 2  
4-13-40  
-17-39  
K 23159

PAID MAY 13 1949

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 13183  
3613  
Registrar's No. \_\_\_\_\_

Registration District No. 791 Primary Registration District No. 1003

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7  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Firmin Desloge Hosp D  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 53 days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 010

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17

(d) Street No. 3231<sup>a</sup> Vista  
(If rural, give location) 918

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James Kelly

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27  
year 1941 hour 9 minute 10 A. M.

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

7. Birth date of deceased December 23 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/16/40, 19\_\_\_\_, to 4/27, 1941;  
that I last saw him alive on 4/27, 1941;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>3</u>	<u>3</u>	____ hr. ____ min.

Immediate cause of death: Chronic pyelonephritis 4 yrs  
(Staphylococcus) non calculous

Due to \_\_\_\_\_

Due to Chronic prostatic hypertrophy 4 yrs

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

10. Usual occupation Clerk Retired

11. Industry or business Frisco Railroad

Other conditions 137a  
(Include pregnancy within 3 months of death)

Major findings: Benign prostatic hypertrophy  
Chronic prostatitis  
Chronic pyelonephritis  
Provesicle atelectasis

MOTHER FATHER {

12. Name Michael Kelly

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

14. Maiden name Susan Kelly

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Margaret Kelly

(b) Address Normandy Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof April 30 1941  
(Burial, cremation, or removal) (City or town) (County) (State) (Day) (Year)

(c) Place: burial or cremation Peetz Brothers

18. (a) Signature of funeral director 3029 Lafayette Ave

(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 1

(b) Address \_\_\_\_\_

19. (a) APR 28 1941 (b) J. F. Bredek  
(Date received local registration) (Registrar's signature)

23. Signature W. F. Melick (M. D. or other) \_\_\_\_\_  
Address Firmin Desloge Hosp Date signed 4/28/41

**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 *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *732 Lemay*

**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.**