

FILED OCT 18 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7632

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

1. PLACE OF DEATH:

(a) County. ST. LOUIS-MO.

(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: ST. JOHN'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 THOMAS JOSEPH KELLY

3. (b) If veteran, name war _____

3. (c) Social Security No. 117-01-7489

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MARGARET NERNEY

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased SEPT. 21, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>0</u>	<u>1</u>	hr. _____ min. _____

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

10. Usual occupation STEAM FITTER

11. Industry or business _____

12. Name JAMES KELLY

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

14. Maiden name CATHERINE M. DONALD

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

16. (a) Informant Margaret Kelly

(b) Address 697 JACKSON AVE N.Y.

17. (a) SHIP (b) Date thereof 9-22-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW YORK CITY N.Y.

18. (a) Signature of funeral director L. M. Mullen

(b) Address 5165 DELMAR BLVD.

19. SEP 22 1941 (b) J. Budnick
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State NY (b) County 599

(c) City or town NEW YORK CITY N.Y. R. 30
(If outside city or town limits, write "RURAL")

(d) Street No. 697 JACKSON AVE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 22
year 1941 hour 3:30 minute AM

21. I hereby certify that I attended the deceased from 9/21/41
19____ to 9/22/41 19____
that I last saw him alive on 9/21/41 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chronic with current
febrile shock

Due to _____

Due to 930

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 930

Of autopsy as above

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)

(e) Means of injury _____

23. Signature C.H. Nelson (M. D. or other) D

Address Numboldt Bldg. Date signed 9/22/41

Dr C.H. Nielson
Humboldt & 12th
#4 J12 02

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.....

Herbert Jarris

Licensed Embalmer No.

3384

P. O. Address.....

5165 Delmar BL

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.