

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town. **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **17 Days**
(Specify whether
In this community. **41 years**
years, months or days)

3. (a) PRINT FULL NAME **Thomas Kelly**

3. (b) If veteran, name war. **No** 3. (c) Social Security No. **No**

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. **Nov. 30, 1900**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 9 5 hr. min.

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

10. Usual occupation. **Chauffeur**

11. Industry or business. **Self**

12. Name **John J. Kelly**
13. Birthplace. **St. Louis** (City, town, or county) (State or foreign country)
14. Maiden name. **Mary Ellen Flynn**
15. Birthplace. **St. Louis** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rose King**
(b) Address. **5400 Arsenal**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof. **Oct. 8, 1941** (Month) (Day) (Year)
(c) Place: burial or cremation. **Calvary Cemetery**

18. (a) Signature of funeral director. **Howard and son**
(b) Address. **4212 St. Louis Avenue**

19. (a) **OCT 7 1941** (Date received local registrar) (b) **J. J. Budek** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town. **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **1510 Menard** (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **5**, year **1941** hour **6:55** minute **P.** M.

21. I hereby certify that I attended the deceased from **September 18**, 19**41** to **October 5**, 19**41**; that I last saw him alive on **October 5**, 19**41**; and that death occurred on the date and hour stated above.

Immediate cause of death. **Rheumatic Heart Disease**

Due to.....
Due to.....

Other conditions (Include pregnancy within 8 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?

While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature **J. J. Budek** (M. D. or other)
Address **1515 Lafayette Avenue** Date signed **10/6/41**

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

100
17
9

B

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 Gas A Howard
Licensed Embalmer No. 4139
P. O. Address 4212 ST LOUIS

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.