

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33057

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8011

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5582 Easton Ave., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community _____
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 619
(d) Street No. 5582 Easton Ave., 9
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Virginia B. Kelly

3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Husband 6. (c) Age of husband or wife if alive 57 years
John L. Kelly
7. Birth date of deceased. Dec. 18 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 9 18 hr. min.

9. Birthplace Alton Ill /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Ryan

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

14. Maiden name Eliza ?

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

16. (a) Informant John L. Kelly

(b) Address 5582 Easton Ave.,

17. (a) Burial (b) Date thereof Oct. 8/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. OCT 7 1941 (b) J. J. Biedich
(to be received only by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6
year 1941 hour 11.50 minute A.M. M.

21. I hereby certify that I attended the deceased from July 5
1938 to Oct 6 1941;
that I last saw her alive on Oct 6 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration

Due to Cerebral Hemorrhage

Due to Arterio Sclerosis

Other conditions Nephritis (Chronic)
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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 John Lincoln Hiest (M. D. or other) 20

Address 11506 Hochmont Date signed 10/6/41

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

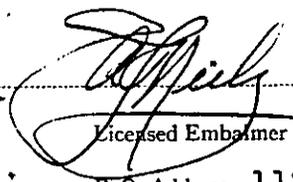
MOTHER FATHER

Dr. John L. Hirst
1506 Hodiament Ave
Mulberry 7161

7 to 8 P.M. or 9:30 to 12 A.M.

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.....

Licensed Embalmer No..... 3225.
P. O. Address..... 1125 Hodiament Ave.....

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.