

S. No. 2
M-9.4.41
v. 5-17-39
WI X29484

19715

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ED JUL 13 1942 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 5479

Registration District No. _____ Primary Registration District No. _____

00
17
9

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

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: City Hospital #1.0
(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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17/8
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1018 S. Kingshighway Blvd.,
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Frank C. Kelly.

3. (b) If veteran, name war No

3. (c) Social Security No. 546-22-3962

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
 year 1942 hour 2.20 minute P.M. M.

4. Sex Female 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 March 14, 1906.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 16, 1942 to June 24, 1942
 that I last saw him alive on June 24, 1942
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>3</u>	<u>11</u>	_____ hr. _____ min.

Immediate cause of death: Tuberculosis Pulmonary c/ Haemorrhage.

Due to Tuberculosis. Duration 10 da.

9. Birthplace St. Louis, Missouri (State or foreign country)

10. Usual occupation Chauffeur

Due to _____ 24.

Other conditions 10 yrs
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Edward M. Kelly

13. Birthplace Ireland (State or foreign country)

14. Maiden name Anna Wahle

15. Birthplace Kansas (State or foreign country)

Major findings: 10 yrs
 Of operations _____

Of autopsy _____

16. (a) Informant Mrs. Emma Gretzer

(b) Address 8527 N. Broadway

17. (a) Burial (b) Date thereof June 27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

(b) Address 1125 Hodiamont Ave.,

19. (a) JUN 26 1942 (b) J. F. Brodeur
(Date of local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) NO

(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

847 (Licensed Embalmer's Statement of Reverse Side)

23. Signature J. O. Pecker (M. D. or other) _____
 Address 12026 W. 9th St. Kansas City Date signed 6/25/42

Dr. J.O. Peeler
2515 N. 15th. St.,
Ce. 9927.

7 to 8 30 pm

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 *Wilford H. Burnley*
Licensed Embalmer No. *4212*
P. O. Address *St. Louis Mo*

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.