

No. 2
4-13-40
5-17-39
9-1 X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32109

State File No. _____
Registrar's No. 9203

Filed NOV 11 1942

Registration District No. _____ Primary Registration District No. _____

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 3119a Union Bl.
(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 JOSEPH PATRICK KELLY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alice Kelly 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 8th. 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 2 25 hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Sheet Metal Worker

11. Industry or business _____

12. Name John Kelly

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Ann Jane McNaughton

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Kelly-wife

(b) Address 3119a No. Union Blvd.

17. (a) Burial (b) Date thereof 11-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director SULLIVAN BROTHERS

(b) Address 2849 No. Euclid Ave

19. (a) NOV 1 1942 (b) J. F. Oberbach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 100
(a) State Missouri (b) County 17
(c) City or town St. Louis 96
(If outside city or town limits, write "RURAL")
(d) Street No. 3119a No. Union Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 3rd.
year 1942 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept - 1 - 1942
1942, to Nov 3, 1942
that I last saw him alive on Nov 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
General peritonitis
Due to Cancerous growths with perforation
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations no
Of autopsy no
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) (c) Means of injury _____
23. Signature Essence R. Kelly (M. D. or other) 48
Address 634 W. Grand Date signed 11-3-42

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

MOTHER FATHER

844 (Licensed Embalmer's Statement on Reverse Side)

Dr. E. J. O'Malley

Mo. Theatre Bldg.,

Je.9714

Between 2 & 6 PM, 11-3-42

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.....

Albert Mayfield

Licensed Embalmer No.....

3077

P. O. Address.....

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.