

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2022

FILED MAR 15 1943
Registration District No. 318

Primary Registration District No. 1003

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)

3. (a) PRINT FULL NAME Mary R. Kelley

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

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John J. Kelley
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 20 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 11 8 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name John Riley

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

14. Maiden name Johanna Griffen

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

16. (a) Informant William Kelly

(b) Address 4542 Mary Ave.

17. (a) Burial (b) Date thereof 3/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) MAR 2 1943 J. F. Bredsch
(Date recorded) (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. 4249 Lee Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1943 hour 7 minute 22 P. M.

21. I hereby certify that I attended the deceased from _____
_____ 19____, to _____ 19____;

that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Hypostatic Bilateral

Due to Lobar Pneumonia

Due to Cerebral Thromboses

Other conditions _____
(Include pregnancy within 3 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 [Signature] (M. D. or other) _____

Address [Address] Date signed 3/2/43

432-28
573 20
85-9 8

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Head

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.