V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15431 / 0

FILED MAY 6 1943

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1031

96 0 0

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 Elm Nursing Home 2520 Mc, Larenave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED: 000 17
(a) State Missouri (b) County 9
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4215 Delmar Blvd. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) /
If yes, name country .....

3. (a) PRINT FULL NAME Jerry Kelleher
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Julia Reardon
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased October (Month) 24 (Day) 1874 (Year)

8. AGE: Years 68 Months 6 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Co. Cork (City, town, or county) Ireland 4 (State or foreign country)
10. Usual occupation Track Foreman
11. Industry or business United Railway Co.
FATHER
12. Name Timothy Kelleher
13. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)
MOTHER
14. Maiden name Dont Know
15. Birthplace ..... (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant Mary Kelleher
(b) Address 4215 Delmar Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.
19. (a) APR 30 1943 (Date received local registrar) (b) E. G. McGlynn M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1943 hour 5 minute 15 a. M.
21. I hereby certify that I attended the deceased from Sept. 21, 1942, to April 26, 1943; that I last saw him alive on April 26, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	4 years
Chronic interstitial nephritis	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 13/a	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Norton John Evernell (M. D. or other) M.D.
Address 4129 Washington Blvd. Date signed 4/29/43.

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

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.