

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 1313

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town KEOKUK
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ROBERT ROEY HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 47 days
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3620 LOT 706L
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN RICHARD KELLY
3. (b) If veteran, No name war _____
3. (c) Social Security No. 488-26-8879

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 2
year 1943 hour 1 minute 47 P.M.
21. I hereby certify that I attended the deceased from 4-15, 1943 to 6-2, 1943
that I last saw him alive on 6-2, 1943
and that death occurred on the date and hour stated above.

4. Sex M MALE 5. Color or race wh
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: 2-18-1924
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 19 Months 3 Days 14
If less than one day _____ hr. _____ min.

Major findings: Of operations _____
Of autopsy 13P
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace ST. LOUIS MO-D
(City, town, or county) (State or foreign country)
10. Usual occupation STOCKBOY

MOTHER FATHER {
11. Industry or business _____
12. Name JOHN KELLY
13. Birthplace ST. LOUIS MO-D
(City, town, or county) (State or foreign country)
14. Maiden name GEORGIA BECK
15. Birthplace ST. LOUIS MO-D
(City, town, or county) (State or foreign country)

16. (a) Informant PATIENT
(b) Address _____
17. (a) Burial (b) Date thereof 6-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

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 C
23. Signature James S. Remondet (M. D. or other) _____
Address Rob Hosp. Keok, Mo Date signed 6/3/43

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.
19. (a) JUN 4 1943 (b) Chas. M. Hagan, M.D.
(Date received local registrar) (Registrar's signature)

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

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FILED JUN 7 1943

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.