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V. S. No. 2
00M—2-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 17 1943

State File No. 23162

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 6176

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 or institution: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hrs. (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED: 000 17 992

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1425 Hickory Lane
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Baby Kelly

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced infant

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 26th 1943 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	10	hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Elva Kelly
13. Birthplace Saco (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Jewell Clayton
15. Birthplace Saco (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Elva Kelly
(b) Address 1425 Hickory Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director A. H. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) JUL 7 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6, year 1943 hour 11:15 minute P. M.

21. I hereby certify that I attended the deceased from July 6, 1943 to July 6, 1943 that I last saw him alive on July 6, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure	
Due to Meningitis	
Due to non-epidemic	
Other conditions (Include pregnancy within 3 months of death) 0	

Major findings:
Of operations

Of autopsy Purulent exudate over base of brain

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 Francis M. Rice (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 7/9/43

(Licensed Embalmer's Statement on Reverse Side)

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

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 L R Caper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.