

FILED FEB 27 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 431

1. PLACE OF DEATH:

(a) County St. Louis
 (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
 (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: JOSEPHINE KELLY
 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: Kate Walter Kelly
 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: May 9 1872
 (Month) (Day) (Year)

8. AGE: Years: 71 Months: 8 Days: 4
 If less than one day: _____ hr. _____ min.

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

10. Usual occupation: Housewife

MOTHER FATHER

12. Name: John Halpin
 13. Birthplace: Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name: Johanna Ryan
 15. Birthplace: Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant: Stella Kribben
 (b) Address: #5 So. Euclid ave

17. (a) Burial (b) Date thereof: 1-17-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery
 18. (a) Signature of funeral director: King Charles Mastromarino

(b) Address: 4228 St. Hughesway
 19. (a) JAN 17 1944 (b) J. J. Bredich
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO. (b) County: 000
 (c) City or town: St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No.: #5 So. Euclid ave
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 13th
 year: 1944 hour: 12:15 minute: _____ P. M.

21. I hereby certify that I attended the deceased from Jan 1 1944 to Jan 13 1944
 that I last saw her alive on Jan 13 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebro-vascular accident
 Duration: _____

Due to: _____
 Due to: _____

Other conditions: Diets mellitis
 (Include pregnancy within 3 months of death)

Major findings: Of operations: none
 Of autopsy: none

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? _____

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

23. Signature: Frank Fairbrother (M. D. or other) _____
 Address: City of St. Louis Date signed: _____

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.....

Edwin A. S. McNeill

Licensed Embalmer No.....

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.