

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10817**
Registrar's No. **8**

FILED APR 5 1944

5226

Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County **Crawford**
(b) City or town **Steeville**
(c) Name of hospital or institution: **R.F.D. Rural Meramec**
(If not in hospital or institution, write street number or location) **none**
(d) Length of stay: In hospital or institution **6 years**
In this community **6 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **28**
(c) City or town **Cuba**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.R. 3**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Charles T. Kelly**

3. (b) If veteran, name war **World** 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **About 1888**
(Month) (Day) (Year)

8. AGE: Years **About 56** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant Tavern**

11. Industry or business _____

12. Name **John Kelly**

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

14. Maiden name **Mary Kroll**

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

16. (a) Informant **Helen A. Kelly**

(b) Address **3007 Bailey Ave.**

17. (a) **Removal** (b) Date thereof **April 1 44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **W. A. Stock Under**

(b) Address **2117 E. Grand Blvd.**

19. (a) **3/31/44** (b) **W. A. Schwieder**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **29th**
year **1944** hour **9** minute **9** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Inquest of Jury

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **94a**
Of operations _____
Of autopsy _____

Duration _____
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? _____

What work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **L. J. Jones** (M. D. or other) **Coroner**
Address **Steeville 2nd** Date signed **3/30-1944**

1307

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,
District File Number 444216
Date Filed 4-3-44

APR 26 1944

MAY 9 1944

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. Grand

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.