

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED MAY 15 1944

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3509 Park Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mattie Longfellow Kelly

3. (b) If veteran, name war *****

3. (c) Social Security No. *****

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Daniel Kelly

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased August 2 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 0

If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Copas

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

14. Maiden name Belinda Morris

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

16. (a) Informant Naniel J. Kelly

(b) Address 3509 Park Ave

17. (a) Burial (b) Date thereof May 5 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) MAY 4 1944 (Date received local registrar)

J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day May
year 1944 hour 11:40 minute P. M.

21. I hereby certify that I attended the deceased from Aug 10 - 1935
April 1, 1944, to April 2, 1944
that I last saw her alive on April 2, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Uremia
Chronic nephritis
Due to Chronic myocarditis
Diabetic Mellitus

Due to _____

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

Duration
<u>1 year</u>
<u>6 yrs</u>
<u>4 years</u>
<u>15 years</u>

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 Elliott Bernat (M. D. or other)

Address 1504 So Grand Date signed 4-8-44

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 *Francis J. Dvorsna*
Licensed Embalmer No. *2245*
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.