DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 119890

Primary Registration District No. 100

Registrar's No. 4844

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:
St. Lukes 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 0
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. 747a Aubert Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME DAVID KELLY

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

3. (c) Social Security No. --

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb. 29, 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	2	26	hr. min.

9. Birthplace Hazel Dell (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Plumber (retired)

11. Industry or business

FATHER
12. Name Timothy Kelly
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace Not known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Herbert Kelly 1
(b) Address 9212 Meadowbrook Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation Hazel Dell, Illinois

18. (a) Signature of funeral director Craig Mortuary
(b) Address 4468 Washington (8)

19. (a) MAY 26 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1944 hour 1 minute 30 P.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 Septic pneumonia, Stock Discoloration left foot, Broken Right thigh, Decubitus ulcers

Due to while hospitalized, when he fell two stories through a window of his home May 16 1944 about 600 pm

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 186

Of autopsy 18

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) Accident 1

(b) Date of occurrence May 16 1944

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
1 home
(Specify type of place)

While at work? no (e) Means of injury fall

23. Signature Thomas F. Callanan (M.D. or other)
Address Deputy Coroner Date signed 5-26-44

(Licensed Embalmer's Statement on Reverse Side)

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 Philip M. [illegible]

Licensed Embalmer No. 3281

P. O. Address 4468 Washing[illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.