

FILED JUL 21 1944 818

Primary Registration District No. 1003

Registrar's No.

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
In this community Life
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2715 Clark St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

6235
1722
?

3. (a) PRINT FULL NAME Marie Kelly

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Fem 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mitchell Kelly 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Abt. 1865
(Month) (Day) (Year)

8. AGE: Years Abt. 79 Months Days If less than one day
hr. min.

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

10. Usual occupation Nil

11. Industry or business

12. Name William B. Graves

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

14. Maiden name Unknown

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

16. (a) Informant John Nelson

(b) Address 2715 Clark Avenue

17. (a) Burial (b) Date thereof 7/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclade Avenue

19. (a) JUL 19 1944 (b) C. F. Bredick
(Date received local jurisdiction) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1944 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from
June 24, 1944 to July 10, 1944
that I last saw her alive on July 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis Duration Unknown

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Alva Moore (M. D.)

Address 2601 N Whittier St Date signed 7/12/44

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

MOTHER FATHER

844

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

Clerk Young

Licensed Embalmer No.

33718

P. O. Address

St. Louis

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.