

FILED JUL 24 1944

Registration District No. **217**

Primary Registration District No. **6076**

Registrar's No. **1542**

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

600

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **Wellston Ave.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6211A Ella Ave.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis 96**
 (c) City or town **Wellston**
(If outside city or town limits, write "RURAL")
 (d) Street No. **6211A Ella Ave.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Julia Kellerhaus.

(b) If veteran, name war **None**

(c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **Henry Kellerhaus**

6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **Oct. 23, 1862.**
(Month) (Day) (Year)

8. AGE: Years **81** Months **8** Days **26** If less than one day hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **John Walsh**

13. Birthplace **Unknown Ireland 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Bridget Walsh**

15. Birthplace **Unknown Ireland 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry Kellerhaus**

(b) Address **6211A Ella Ave.**

17. (a) **Burial** (b) Date thereof **July 21/44.**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Jos. W. Clark**

(b) Address **1125 Hodiament Ave.**

19. (a) **JUL 20 1944** (b) **E. G. McHarran, M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18**
 year **1944** hour **12.19** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **July 8 44**
 to **July 18 44**
 that I last saw her alive on **July 18 44**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
 Due to **Genie Arterio-Sclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **no**

Of autopsy **no**

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?

While at work? _____ (Specify type of place) (c) Means of injury **no**

23. Signature **Muriel Bone** (M. D. or other)
 Address **1492 Hodiament** Date signed **7/18/44**

D^H. Merle Bond
1492 Hodlamont Ave.,
MU. 8352.

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.....
.....
Licensed Embalmer No. 3398
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.