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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1944
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

Registration District No. _____ Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4117 Red Bud Avenue,
(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) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. L.
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 10
(d) Street No. 4117 Red Bud Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William J. Kelly
3. (b) If veteran, name war _____ 3. (c) Social Security No. 495-14-7645

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Myrtle Kelly
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased May 28th 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 3 23 hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business City of St. Louis, Mo.

MOTHER FATHER

12. Name Daniel Kelly

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

14. Maiden name Mary Carrick

15. Birthplace East St. Louis, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Kelly-Wife,

(b) Address 4117 Red Bud Avenue,

17. (a) burial (b) Date thereof 9-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers,

(b) Address 2849 North Euclid Avenue

19. (a) SEP 22 1944 (b) J. M. Reed
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 21st
year 1944 hour 12:15 A.M. M. Mo.

21. I hereby certify that I attended the deceased from 3-24-44
_____, 19____, to 9-21-44, 19____;
that I last saw him alive on 9-17-44, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death chronic endocarditis
Due to general arteriosclerosis

Due to _____
Other conditions 92a
(Include pregnancy within 3 months of death)

Major findings:
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. M. Reed (M. D. or other) M. D.
Address 5074 Date signed 9-22-44

Dr. Klein *Monny*
5074 *Union*
7mi 1030

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 *Eugene H. Sullivan*

Licensed Embalmer No. # 2930

P. O. Address *St. Louis, Missouri.*

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.