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#36141
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 27 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39487

Registration District No. 318 Primary Registration District No. Registrar's No. 10620

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State Missouri (b) County

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

(d) Street No. 4960 Blow St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Amelia Kelly

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 10 (Day) 1879 (Year)

8. AGE: Years 65 Months 10 Days 0 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Balzer Kneff
13. Birthplace (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant Henry Keller
(b) Address 4960 Blow St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/44 (Month) (Day) (Year)
(c) Place: burial or cremation N. St. Marcus Cemetery

18. (a) Signature of funeral director J.L.Ziegenhein & Sons
(b) Address 7027 Gravois Ave.

19. (a) DEC 13 1944 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from 11/24/44, 19, to Dec. 10th, 19 44 that I last saw her alive on Dec. 10th, 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix — Duration 4 yrs.?

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Permission Refused

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Robert E. Holt M.D. (M. D. or other)
Address 1515 Lafayette Date signed 12/11/44

(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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 7027 Gravois

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.