7. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21112

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3646

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: City Hospital 1
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 122

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

(d) Street No. 2848 Papin St.
(If rural, give location)

(e) Citizen of foreign country? d (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John James Kelly

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male 1

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May (Month) 1 (Day) 1876 (Year)

8. AGE: Years 68 Months 11 Days 22 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 1 (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name John Kelly
13. Birthplace Ireland 11 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Murphy
15. Birthplace Ireland 11 (City, town, or county) (State or foreign country)

16. (a) Informant Jessie Kelly
(b) Address 2848 Papin St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director E. J. Schmer
(b) Address 3125 Lafayette Av

19. (a) APR 24 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd year 1945 hour 8 minute 40 A. 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 Lobar Pneumonia
Fracture of Col. when he was struck by another automobile
Due to the Wolfersen Clinic Psychopathic Hospital on ward 2nd floor North
Due to Brought 4:00 P.M. April 12 1945 and knocked to the floor

Duration

Other conditions (Include pregnancy within 3 months of death) 1/3 2/1 8

Major findings: Of operations 1/3

Of autopsy 4/4

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

(b) Date of occurrence April 12, 1945

(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? Public Hwy (Specify type of place)

While at work? (e) Means of injury As above

23. Signature Thomas F. Callaway (M. D. or other)

Address Coroner Date signed 4-25-45

(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 Jas B Volkmer

Licensed Embalmer No. 4014

P. O. Address St Louis 4 Mo

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.