

7. S. No. 2
 OM—3-43
 v. 5-17-39
 I X372623

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED MAY 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15273

State File No. _____
 Registrar's No. **4448**

Registration District No. **318** Primary Registration District No. **1003**

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 17
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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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days
(Specify whether _____)
 In this community 29 years
years, months or days

3. (a) PRINT FULL NAME Lucius Kelley
3. (b) If veteran, name war _____
3. (c) Social Security No. Unk

4. Sex Male **5. Color or race** Coe
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elnora **6. (c) Age of husband or wife if** 39
alive _____ years
7. Birth date of deceased May 31st 1900
(Month) (Day) (Year)

8. AGE: Years 44 Months 11 Days 15
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Porter

11. Industry or business Tavern

12. Name Lucius Kelley Sr.

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

14. Maiden name Julia Brooks

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

16. (a) Informant Mary Holmsted

(b) Address 4191 1/2 West Belle Place

17. (a) Burial **(b) Date thereof** 5-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director H. Randleman

(b) Address 3133 Bell Ave

19. (a) (Date received local registrar) MAY 21 1945 **(Registrar's signature)** J. F. Bradley

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 4191 West Belle
(If rural, give location)
 (e) Citizen of foreign country? 11 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16,
 year 1945 hour 9 minute 25 P. M.
21. I hereby certify that I attended the deceased from May
8, 19 45 to May 16, 19 45
 that I last saw him alive on May 16, 19 45
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia (autopsy)
Chr. Nephritis with uremia (history) Unk.
 Duration Terminal

Due to _____
 Due to _____

Other conditions 1/31
(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 J. F. Murphy (M. D. or other) _____
 Address St. Louis, Mo Date signed 5/21/45

Permit

876161 N.H.

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.....

S. J. Watson

..... Licensed Embalmer No. *2697*.....

P. O. Address.....

2769 Chouteau

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.