

FILED OCT 13 1945

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2362

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 15 minutes  
(Specify whether years, months or days)  
 In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Elmwood Park 96  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Meacham & Woodhart  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Albert Kelly

(b) If veteran, name war World War #1 (c) Social Security No. 495-12-7165

4. Sex Male 5. Color or race Cpl. 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Lucy 6. (c) Age of husband or wife if alive 44 years  
 7. Birth date of deceased 10-24-1895  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>49</u>	<u>49</u>	<u>11</u>	<u>18</u>	hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER } 12. Name John Kelly

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

14. Maiden name Carrie Washell

15. Birthplace Holly Springs Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Wife

(b) Address Ashtaboe

17. (a) Burial (b) Date thereof 10-11-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. J. Koch

(b) Address 1117 1/2 St

19. (a) 10-10-45 (b) Ed M. Savarin MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6  
 year 1945 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from 10-6-45 to 10-6-45  
 that I last saw him alive on 10-6-45 and that death occurred on the date and hour stated above.

Immediate cause of death internal hemorrhage  
 Due to Crushed liver @ 1 hr

Due to 1700 ft  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy internal hemorrhage  
crushed liver.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Accident 96  
 (b) Date of occurrence 10-6-45  
 (c) Where did injury occur? Elmwood Park - St. Louis Co.  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Road

While at work? No (Specify type of place) (e) Means of injury Hit & Run Driver

23. Signature J. Murphy MD (M.D. or other) \_\_\_\_\_  
 Address 601 Brentwood Blvd Date signed 10/6/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

NOV 2 1945

**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 C. J. Nook  
Licensed Embalmer No. 2432  
P. O. Address 1117 1/2 St. S.

**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.**