

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
FILED OCT 22 1945 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 2403

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH  
(a) County St. Louis  
(b) City or town St. Louis Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Gould Worth Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 months  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis County 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5658 Kennerly Ave. 9  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary T. Kelly.  
(b) If veteran, name war None  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 12  
year 1945 hour 8 minute 45 a. M.

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from 10-1-45  
19\_\_\_\_ to 10-12-45 19\_\_\_\_  
that I last saw her alive on 10-4-45 19\_\_\_\_  
and that death occurred on the date and hour stated above.

7. Birth date of deceased Unknown about 1854  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
myocarditis  
hypertension  
Duration (infected)  
Due to \_\_\_\_\_  
93d

8. AGE: Years About 91 Months -- Days --  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Operations \_\_\_\_\_

9. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)  
10. Usual occupation Ninel  
11. Industry or business \_\_\_\_\_  
12. Name William Joseph Kelly. (No Relation)  
13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Cecelia  
15. Birthplace Ireland 11  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
Of autopsy \_\_\_\_\_

16. (a) Informant Mrs. Mary C. Smith  
(b) Address 5658 Kennerly Ave.  
17. (a) Burial (b) Date thereof Oct. 15, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery  
18. (a) Signature of funeral director Samuel K. Hebe  
(b) Address 1431 Union Blvd.  
19. (a) 10-1245 (b) Samuel K. Hebe  
(Date received local registrar) (Registrar's signature) 252

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 Samuel K. Hebe M. D. or other? \_\_\_\_\_  
Address 1431 Union Blvd. Date signed 10-12-45

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

76  
0  
0

FURNISH

1927  
7-9  
Blumen

**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.

*Blumen  
7-9*

Signed.....  
Licensed Embalmer No.....  
P. O. Address.....

**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.**