

No. 2
-5-43
5-17-39
I X3667

FILED MAR 6 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1732**

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oao

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

(d) Street No. 857 Cowan St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Harold T. Kelly

3. (b) If veteran, name war None

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20th
year 1946 hour 12:20 AM minute M.

21. I hereby certify that I attended the deceased from 2/18/46
1946, to 2/20, 1946
that I last saw h. in alive on 2/20, 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Dorothy Kelly nee Kozlowski

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased April 13, 1911
(Month) (Day) (Year)

Immediate cause of death Malignant Hypertension Duration 2 hrs?

Due to

Due to

Other conditions Acute Nephritis
(Include pregnancy within 3 months of death)

Myocardial Failure

Major findings: No definite heart disease

Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

34 10 7 hr. min.

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

10. Usual occupation Pint & Varnish Mgg.

MOTHER FATHER

11. Industry or business

12. Name Thomas Kelly

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Annie Finke

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dorothy Kelly

(b) Address 857 Cowan St.

17. (a) Burial (b) Date thereof 2/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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 W. Benjamin (M. D. or other)
Address 7430 Virginia Date signed 2/21/46

18. (a) Signature of funeral director Math Hermanni & Son

(b) Address 2161 East Fair Ave

19. (a) FEB 21 1946 (Date received local registrar)
J. J. Brebeck (Registrar's signature)

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

6520

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 *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis 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.