

STANDARD CERTIFICATE OF DEATH

State File No. 14884

FILED APR 24 1946
318

Registration District No.

Primary Registration District No.

1003

Registrar's No. 3413

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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:
St. Louis City Hospital-Max C. Starkloff Memorial 4420 Greer Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County How
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4420 Greer Ave.
(If rural, give location) 109
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN KELLY

(b) If veteran, name war No
(c) Social Security No. 490-12-5380

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Georgia Kelly 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased: July 11 1902
(Month) (Day) (Year)

8. AGE: Years 43 Months 9 Days 0
If less than one day hr. min.

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

10. Usual occupation Bus Driver

11. Industry or business _____

MOTHER FATHER { 12. Name William J. Kelly
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Williams
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Georgette Kelly,
(b) Address 4420 Greer Ave.

17. (a) Burial (b) Date thereof 4-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.

19. (a) APR 14 1946 (b) J. F. Prude
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th
year 1946 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from 4/8/46
_____, 19____, to 4/11/46, 19____;
that I last saw him alive on 4/11/46, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis
Far Advanced

Due to _____

Due to _____

Other conditions: 12
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
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 Ray J. ... 1515 Lafayette St. 4/12/46
Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
13784

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 *Fred Frick*.....

Licensed Embalmer No..... **3186**.....

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.