

S. No. 2  
-12-45  
5-17-39  
X47070

FILED APR 14 1947

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

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2368**

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:  
2116 Howard St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 31 Yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL") 2017

(d) Street No. 2116 Howard St.  
(If rural, give location) 9

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William P Kelly.

3. (b) If veteran, name war no

3. (c) Social Security No. 490-12-9224

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 28  
year 1947 hour 9 minute 05a M.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Nellie Kelly

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased 10 10 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 10 - 1947 to 3-28 - 1947  
that I last saw him alive on 3-27 - 1947  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>5</u>	<u>18</u>	hr. _____ min. _____

Immediate cause of death apoplexy

Due to Hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation nil

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

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name John P., Kelly.

13. Birthplace unknown Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Heatherman

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

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? \_\_\_\_\_

16. (a) Informant Mrs Nellie Kelly

(b) Address 2116 Howard St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

23. Signature W. W. Harris (M. D. or \_\_\_\_\_)  
Address 3905 N. Grand Date signed 3/28/47

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis, Ave

19. (a) MAR 29 1947 (Date received local registrar)  
J. F. Brebeck (Registrar's signature)

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

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**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.....

*Henry A. Brammer*

Licensed Embalmer No.....

*4200*

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.**