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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1947
#1520
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15266

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3788

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town St. Louis
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff Memorial
(d) Length of stay: In hospital or institution. (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 107
(d) Street No. 3135 New Ashland Pl. 8
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME JOHN KELLY
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 9th
year 1947 hour 12:05 minute P M.
21. I hereby certify that I attended the deceased from 4/7/47
19 to April 9th 1947;
that I last saw him alive on April 9th 1947;
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
(b) Name of husband or wife Lottie
(c) Age of husband or wife if alive 62 years
7. Birth date of deceased March 22 1878
(Month) (Day) (Year)

Immediate cause of death Labor Pneumonia 4 days
Duration
Due to 108
Due to
Other conditions:
(Include pregnancy within 3 months of death)

8. AGE: Years 69 Months 0 Days 17
If less than one day hr. min.
9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Fur House
11. Industry or business Federal
12. Name William Kelly
13. Birthplace Ireland
14. Maiden name Amelia Peck
15. Birthplace Penn.

PHYSICIAN
Major findings:
Of operations
Of autopsy Labor Pneumonia
Left lower lobe
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lottie Kelly
(b) Address 3135 New Ashland Pl.
17. (a) Burial (b) Date thereof 4/12/47
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Provoist and Co.
(b) Address 3710 N. Grand Blvd.
19. (a) APR 10 1947 J. F. Budick
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury
23. Signature Joe W. Gardner 1515 Lafayette (M. D. or other) 4/9/47
Address Date signed

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

MOTHER FATHER

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 *W. C. Morris*.....

Licensed Embalmer No. *3360*.....

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.