No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32667

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8824

1. PLACE OF DEATH:
(a) County
(b) City or town City of ST. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Infy. Hospital
(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
(c) City or town City
(If outside city or town limits, write "RURAL")
(d) Street No. 4400 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME (also known as James Normile) Jack Patrich Kelly
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 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
7. Birth date of deceased Feb (Month) 28 (Day) 1886 (Year)

8. AGE: Years 61 Months 7 Days 22 If less than one day hr. min.

9. Birthplace St. Louis. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Barber.
11. Industry or business
FATHER 12. Name Patrick Normile
13. Birthplace Ireland. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name THEResa Unknown
15. Birthplace Missouei (City, town, or county) (State or foreign country)
16. (a) Informant City Infy. Hospital
(b) Address 5900 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) 9-21-47 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9-20 day year 1947 hour 12:20a minute 12:20 Man
21. I hereby certify that I attended the deceased from 5 27, 1947 to 9-20-47, 1947
that I last saw him alive on 9-20-47, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cachexia urinary	
Carcinoma of the bladder	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Warren C. Lewis (M. D. or other)
Address 5600 Arsenal Date signed 9-20-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 J. Allen Davis Jr.

Licensed Embalmer No. 4953

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.