S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33307

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2009

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 59 days (Specify whether years, months or days)
In this community 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ~~St. Louis~~ 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4455 Bingham (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country --

3. (a) PRINT FULL NAME KELLEY, Frank W.
3. (b) If veteran, name war WW-2
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divored
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased January (Month) 10 (Day) 1906 (Year)

8. AGE: Years 40 Months 9 Days 16 If less than one day hr. min.

9. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country) 6
10. Usual occupation Clerk
11. Industry or business Unknown
FATHER
12. Name Frank Kelley
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name ~~Unknown~~ JENNIE BELL
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Registrar
(b) Address Jefferson Barracks
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof SEPT 30-47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ VALLALLA, CEMI
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette
19. (a) 9-30-47 (Date received local registrar) (b) Cecil A. J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 26 year 1947 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from July 30, 1947 to September 26, 1947; that I last saw him alive on September 26, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to --

Due to --

Other conditions Hypertensive Cardiovascular Disease (Include pregnancy within 3 months of death)

Major findings:
Of operations --
Of autopsy No Autopsy

Duration

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 0

23. Signature L. E. Stilwell (M. D. or ~~other~~)
Address Vet. Adm. Hosp., Jefferson Bks. Mo. Date signed 9/27/47

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

NOV 29 1941

DEC 1941

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.