

FILED DEC 6 1947 318  
#69420  
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... **St. Louis, Mo.**  
 (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**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community.....  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**  
 (c) City or town..... **St. Louis** (If outside city or town limits, write "RURAL") **17**  
 (d) Street No. .... **1421 Hogan Street,**  
**Memorial** (If rural, give location) **9**  
 (e) Citizen of foreign country?..... (Yes or No) **0**  
 If yes, name country.....

3. (a) PRINT FULL NAME..... **THOMAS KELLEY**  
 3. (b) If veteran, name war..... **Unknown**  
 3. (c) Social Security No. .... **Unknown**

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..... **July 3 1859**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**88 4 24** hr. min.

9. Birthplace..... **Unknown New York**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation..... **No occupation**

11. Industry or business.....  
 12. Name..... **Barnard Kelly**  
 13. Birthplace..... **Unknown Unknown 9**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name..... **Anna Unknown**  
 15. Birthplace..... **Unknown Unknown 9**  
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **Father James Johnston**  
 (b) Address..... **1421 Hogan Street.**

17. (a) **Burial** (b) Date thereof..... **12/1/47**  
 (Burial, cremation, or removal) (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. **NOV 30 1947** (b) **J. F. Brueck**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Nov. 27th** day.....  
 year..... **1947** hour..... **9:** minute..... **00** P. M.  
 21. I hereby certify that I attended the deceased from..... **11/5/47**  
 to..... **Nov. 27th** 19..... **47**  
 that I last saw him alive on..... **Nov. 27th** 19..... **47**  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Pulmonary Tuberculosis** **10 years?**  
 Due to.....  
 Due to..... **H/O**  
 Other conditions..... **Carcinoma of colon** **1 year**  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations.....  
 Of autopsy..... **Same**  
 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?.....  
 While at work?..... (Specify type of place)  
 (e) Means of injury.....  
 23. Signature..... **James Johnston** (M. D. or other) **63**  
 Address..... **1515 Lafayette** **11/28/47**  
 Date signed

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

MOTHER FATHER

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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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.