No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1947

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 43763

Registrar's No. 2545

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Overland (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9128 Wabaday (If not in hospital or institution, write street number or location)

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

In this community 3 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

(c) City or town Overland (If outside city or town limits, write "RURAL") 13

(d) Street No. 9128 Wabaday (If rural, give location) 1

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

If yes, name country

3. (a) PRINT FULL NAME Margaret Kelly

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced W 21

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

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

7. Birth date of deceased Mar 28 1858 (Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Florissant Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Nicholas Fink
13. Birthplace do not know (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name do not know
15. Birthplace do not know (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs Abby Homann 1

(b) Address 9128 Wabaday 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/47 (Month) (Day) (Year)

(c) Place: burial or cremation St Ann's Cemetery

18. (a) Signature of funeral director Ortmann Funeral Home

(b) Address 9222 Lackland Overland Mo

19. (a) 12-8-47 (Date received local registrar) (b) Cecila J Sharp MD (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1947 hour 7:05 P M minute M.

21. I hereby certify that I attended the deceased from Nov 25, 1947, to Dec 4, 1947 that I last saw her alive on Dec 3, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	2 wks.
Due to Arterio sclerosis	2 yrs.
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to 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 Maurice W Butler MD (M. D. or other)

Address 8974 St Charles Rd St Louis 14, Mo Date signed

(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 W. C. Ortmann

Licensed Embalmer No. 3478

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.