No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

2705

State File No.

FILED FEB 13 1948

Registration District No. 318 Primary Registration District No.

Registrar's No. 1038

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Hospital 0
(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: 1003

(a) State Missouri (b) County 0 0 0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5128a St. Louis Ave. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Raymond ~~Raymiend~~ D. Kellerby

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Kellerby

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May (Month) 2nd. (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	8	28	hr. min.

9. Birthplace Rochester, N.Y. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name William Kellerby 2
13. Birthplace Canada
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kate Murphy
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Kellerby

(b) Address 5128a St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cmetery

18. (a) Signature of funeral director Sullivan Funeral Dir.

(b) Address 2649 North Euclid Ave.

19. (a) Feb 2 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30th.
year 1948 hour 8.50 minute P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Mediastinal Hemorrhage

Due to Lobar Pneumonia

Due to

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of 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 3

23. Signature Patrick E Taylor Dep Cor (M. D. or other)

Address 1300 Clark Date signed 2-2-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Coroners Case

Memo

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 Robert L. Dunkman

Licensed Embalmer No. 3653

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.