No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10350

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2428

00 17 9

1. PLACE OF DEATH:

(a) County:

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

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

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. 905 Market St., (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME: Michael Kelly

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife:

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

7. Birth date of deceased: — (Month) — (Day) — (Year)

8. AGE: Years: abt – 68 | Months | Days | If less than one day: hr. min.

9. Birthplace: St. Louis, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation: Retired 30 years

11. Industry or business: Railroad

FATHER
12. Name: Patrick Kelly
13. Birthplace: Ireland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Collins
15. Birthplace: Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Henry Linnewerth
(b) Address: 950 E. Big Bend

17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 3-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Southern Funeral Home
(b) Address: 6322 S. Grand Blvd.,

19. (a) Date received local registrar: MAR 1 1 1948 (b) Registrar's signature: J. F. Bucholz

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 10th year: 1948 hour: 8 minute: a. 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: John Spencer [illegible] Duration [illegible] night lay when he worked [illegible] Harold [illegible] Louis Freigert [illegible] Place [illegible] 8 [illegible] 8:00 a.m. April 2 1948 Duration

Due to:

Other conditions: (Include pregnancy within 3 months of death) 0

Major findings: Of operations: 1 10

Of autopsy: 0 1

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, homicide (specify): [illegible]
(b) Date of occurrence: March 2 1948
(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: [illegible] (M. D. or other)
Address: [illegible] Date signed: 3/12/48

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. Wm Bromley

Licensed Embalmer No. 3653

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.