S. No. 300
M—10-47
7. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 26 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17719
Registrar's No. 4587

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: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 days (Specify whether years, months or days)
In this community About 60 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4428 Cottage (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Kelly
3. (b) If veteran, name war -
3. (c) Social Security No. 489-12-9178
4. Sex Male
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Naomi Kelly
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 7 (Month) - 8 (Day) - 1870 (Year)

8. AGE: Years 77 Months 10 Days 4 If less than one day hr. min.

9. Birthplace Williamsburg (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Bus Cleaner.
11. Industry or business Public Service Co.
FATHER 12. Name Samuel Kelly
FATHER 13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
MOTHER 14. Maiden name Caroline Johnson
MOTHER 15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Julia Pinckney (Sister of deceased)
(b) Address 4428 Cottage Ave. St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Marie Riley
(b) Address 3759 Finney Avenue, St. Louis
19. (a) MAY 17 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1948 hour 11 minute 45 p. m.
21. I hereby certify that I attended the deceased from April 6, 1948, to May 12, 1948, that I last saw him alive on May 12, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Benign Hypertrophy of the Prostate	Undet
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Latent Syphilis	

Major findings:
Of operations
Of autopsy None

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 Merle B. Stevenson (M. D. or other)
Address 2601 N Whittier Date signed 5/13/48

(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 Lawrence E. Woodson

Licensed Embalmer No. 4341

P. O. Address St. Louis 13, 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.