FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

31160

FILED SEP 24 1948

Registration District No. 318 Primary Registration District No. 1003

State File No. 8107

Registrar's No.

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 Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Mo. 3 days (Specify whether years, months or days)

In this community ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL")

(d) Street No. 915 Aubert Ave
(If rural, give location)

(e) Citizen of foreign country? 12 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JENNIE KELLY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced Div. 3

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. 9, 1868 (Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Quincy, Ill. (City, town, or county) 1 (State or foreign country)

10. Usual occupation SEAMSTRESS

11. Industry or business

FATHER
12. Name ~~Maxia Tonnies~~ Fred Lange
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Maria Tonnies
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant City Infirmary Records
(b) Address 5600 ARSENAL

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen Kelly
(b) Address 4386 Lindell

19. (a) SEP 16 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9, year 1948 hour 8:55 P.M. minute M.

21. I hereby certify that I attended the deceased from 1-6-48, 19, to 9-9-48, 19; that I last saw her alive on 9-9-48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Myocardial failure - (disease) few min.

Due to

Due to

93

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature Palmer Jensen Bowdish (M. D. ~~or other~~)

Address 5800 Arsenal Date signed 9-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Ralph M Henson

Licensed Embalmer No. 3791

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.