

Registration District No. **317**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
(Specify whether
In this community **7 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County ~~St. Louis~~
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **8508 S Broadway**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **8**
year **1948** hour **6:55** minute **-** a. M.

21. I hereby certify that I attended the deceased from
December 6, 1948 to **December 8, 1948**;
that I last saw h. **im** alive on **December 8, 1948**;
and that death occurred on the date and hour stated above.

Immediate cause of death **CEREBRAL THROMBOSIS**
ARTERIOSCLEROTIC HEART DISEASE

Duration
Unk
Unk

Due to **93d**
Due to **93d**

Other conditions **-**
(Include pregnancy within 3 months of death)

Major findings:
Of operations: **none**

Of autopsy **Autopsy performed**
(See cause of death)

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**
(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?

While at work **L.E. Stilwell** (Specify type of place) (M. D. RECORD)
Means of injury **0**

23. Signature **L.E. Stilwell** (M. D. RECORD)
Address **VAH, Jeff. Brks., Mo.** Date signed **12/8/48**

3. (a) PRINT FULL NAME **Kelley, John J.**

3. (b) If veteran, name war **PT** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Pearl** 6. (c) Age of husband or wife if alive **35** years

7. Birth date of deceased **January 1, 1900**
(Month) (Day) (Year)

8. AGE: Years **48** Months **11** Days **7** If less than one day
hr. min.

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

10. Usual occupation **Chauffeur**

11. Industry or business **-**

MOTHER FATHER { 12. Name **John Kelley**

13. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Rose Garstang**

15. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, VAH**

(b) Address **Jefferson Barracks, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 11, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Pauls Churchyard**

18. (a) Signature of funeral director **Wacker-Helderle & Co**

(b) Address **3634 Gravois St. Louis Mo**

19. (a) **12-9-48** (b) **St. Pauls Churchyard**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE 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..... *Robert Wheeler*

Licensed Embalmer No. *2128*

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.