

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

31942

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

City **City of St. Louis**

File No. ....

Registered No. **9309**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **972 Taylor** St., **26** Ward.

Length of residence in city or town where death occurred **7** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** **Female** **4. COLOR OR RACE** **White** **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** **Married**

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** **March 8, 1915**

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**17** | **7** | **10.**

**8. OCCUPATION OF DECEASED**  
(a) Trade, profession, or particular kind of work **Housewife**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** **Missouri**

**10. NAME OF FATHER** **Chas Kelly**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** **Missouri**

**12. MAIDEN NAME OF MOTHER** **Maxine Kyle**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** **Missouri**

**14. INFORMANT (Address)** **Crystal City Mo**

**15. FILED** **OCT 19 1927** **May L. Starckoff** Registrar

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **Oct 18, 1927**

**17. I HEREBY CERTIFY**, That I attended deceased from **Sept 20, 1927**, to **Oct 18, 1927**, that I last saw him alive on **Oct 18, 1927**, and that death occurred, on the date stated above, at **5:00 PM**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Septicemia (Puerperal)**  
**with** **Streptococcus**  
(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)** **146**  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH.....

**19. DID AN OPERATION PRECEDE DEATH?** DATE OF.....  
**no**  
**WAS THERE AN AUTOPSY?** **no**

**WHAT TEST CONFIRMED DIAGNOSIS?**  
(Signed) **Henry C. Westergaard, M.D.**  
**10/19/27** (Address) **City of St. Louis**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** **Crystal City Mo** **DATE OF BURIAL** **Oct 21 1927**

**20. UNDERTAKER** **Mrs. Langhlin 1631** **ADDRESS** **Missouri**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Stem