

FILED DEC 7 1942

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **9968**

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 Days**
(Specify whether
In this community **50 years**
years, months or days)

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. **1801 Monroe**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT

FULL NAME **Sarah Kelley**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**

(b) Name of husband or wife **Late William Kelley** 6. (c) Age of husband or wife if alive **18** years

7. Birth date of deceased **November 18 1868**
(Month) (Day) (Year)

8. AGE: Years **74** Months **0** Days **10** If less than one day **hr. min.**

9. Birthplace **Virginia** (City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business.....

12. Name **August Sallay**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Mary Caroline Root**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mary Conlee**

(b) Address **1000 Monroe**

17. (a) **Burial** (b) Date thereof **12-2-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valkalla Cem.**

18. (a) Signature of funeral director **H. Seidman Ind. Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **NOV 30 1942** (b) **J. F. Bredesh**
(Date of final local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **28**, year **1942** hour **5:05** minute **P.** M.

21. I hereby certify that I attended the deceased from **November 11**, 19 **42** to **November 28**, 19 **42** that I last saw her alive on **November 28**, 19 **42** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **8 d.**

Due to **Hypertension**

Due to **8 1/2**

Other conditions **Chronic arteriosclerosis; Bilateral cataracts**

Major findings: Of operations.....

Of autopsy.....

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?

While at work? (Specify type of place) Means of injury.....

23. Signature **Wes Mad** (M. D. or other).....
Address **1515 Lafayette** Date signed **11/30/42**

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 Homer L. Ponder
Licensed Embalmer No. 3367
P. O. Address 2223 St. Louis ave.

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.