

FILED NOV 23 1942

318

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St Louis Mo**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2519 Glasgow Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
All his life (Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **St Louis Mo.** County.....
000
12

(c) City or town..... **209**
(If outside city or town limits, write "RURAL")

(d) Street No..... **2517 Glasgow Ave.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME..... **Claude Kelly**

3. (b) If veteran, name **No**

3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **Colored**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Arletta Kelly**

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

7. Birth date of deceased..... **Not Known**
(Month) (Day) (Year)

8. AGE: Years **About 53** Months Days If less than one day hr. min.

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

10. Usual occupation..... **Laborer**

11. Industry or business..... **Watson Kelly**

12. Name..... **Not Known**

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

14. Maiden name..... **Mamie Cabell**

15. Birthplace..... **Not Known** (City, town, or county) (State or foreign country)

16. (a) Informant..... **2519 Glasgow Ave.**

(b) Address..... **Burial**

17. (a) (Burial, cremation, or removal) (b) Date thereof..... **Nov 10 1942**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Greenwood**

18. (a) Signature of funeral director..... **A. L. Beal and Co.**

(b) Address..... **2726 Lucas Ave.**

19. (a) **NOV 10 1942** (Date received local registration) (b) **J. F. Bredek** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July**, day **7-42**, year **6** hour **6** minute **0** M.

21. I hereby certify that I attended the deceased from **for about 18 months** 19 **up to** 19 **42** that I last saw him alive on **Dec 6** 19 **42** and that death occurred on the date and hour stated above.

Immediate cause of death..... **Stroke of Pericardium** (Duchon)

Due to..... **Apoplexy**

Due to..... **Chronic myocarditis**

Other conditions..... (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

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)

(e) Means of injury.....

23. Signature..... **C. P. Quakett** (M. D. or other) **0**

Address..... **3529 Franklin** Date signed..... **11-10-42**

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 *Arthur L. Hilliard*.....

Licensed Embalmer No. *4221*.....

P. O. Address *2649th Delmar*.....

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.