S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1946

State File No. 28785

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6817

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: Firmin Desloge Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)
In this community 8 days

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Illinois (b) County St. Clair
(c) City or town East St. Louis (If outside city or town limits, write "RURAL") NR
(d) Street No. 1734 College Avenue (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NELLIE MAY KELLY
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Robert
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 9, 1883 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	11	24	hr. min.

9. Birthplace Mine LaMotte (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name Joseph Wood
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Clinton
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Robert C. Kelly
(b) Address 1548 Collins Ave
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation Farmington, Missouri
18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue
19. (a) AUG 4 1946 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3rd year 1946 hour 2:35 minute a. M.
21. I hereby certify that I attended the deceased from July 6th 1946, 19 , to Aug. 3rd 1946
that I last saw her alive on ~~July~~ Aug. 2nd 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis post operative shock	
Due to Abdominal perineal resection for	
Due to carcinoma of rectum.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Metastatic carcinoma of rectum	
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Warren H. Masters (M. D. or other)
Address 607 N. Grand Date signed 8/3/46.

(Licensed Embalmer's Statement on Reverse Side)

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W. B. Marston
University Club (Bldg)

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette A

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.