

007 28 1927

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

Do not use this space.

28266

1. PLACE OF DEATH

County St Louis
Town Central
City St Louis

Registration District No. 790 6093
Primary Registration District No. Driver Av 7 Lackland Rd.

File No. _____
Registered No. 251
St. _____ Ward _____

2. FULL NAME

Charles Kelley

(a) Residence No. Driver Av 7 Lackland Rd. Ward _____
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Mary Kelley

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept 25-1869

7. AGE

YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 | 11 | 30

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Buyer

(b) General nature of industry, business, or establishment in which employed (or employer) Scruggs &

(c) Name of employer Vandervoort & Boney

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Tenn.

10. NAME OF FATHER

John Schofield

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER

Margaret Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Tennessee

14.

INFORMANT Mrs Mary Kelley
(Address) Driver Av 7 Lackland Rd.

15.

FILED 9/26 1927 J. B. Ladd
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 24 1927

17.

I HEREBY CERTIFY, That I attended deceased from July 23, 1927, to Sept 24, 1927 that I last saw him alive on Sept 24, 1927, and that death occurred, on the date stated above, at 7:2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Atherosclerosis
91 (duration) several months

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF _____

9 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) V. B. Cosby, M. D.

*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

DATE OF BURIAL

Oak Grove Cemetery Sept 27 1927

20. UNDERTAKER

ADDRESS

E. J. Schmur, 3125 Lafayette

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.

