

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 781
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 714 Virginia Ave)
 File No. 25460
 Registered No. 17273
 St. Ward)

2. FULL NAME

William C. Kelp
 (a) Residence. No. 714 Virginia St., 1 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Susie</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 19, 1848</u>					
7. AGE	YEARS <u>80</u>	MONTHS <u>3</u>	DAY <u>23</u>	If LESS than 1 day, hrs. or min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired</u> <u>1866</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Butcher</u> <u>1848</u> (c) Name of employer					
9. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Missouri</u>					
PARENTS	10. NAME OF FATHER <u>Elasmus Kelp</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)				
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)				
14. INFORMANT <u>William T. Kelp</u> (Address) <u>714 Virginia</u>					
15. FILED <u>1928</u> <u>May 2</u> <u>Stark</u> REGISTRAR					

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw him alive on 19....., and that death occurred on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock + Internal
Injuries
due to falling down
stairs
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Accident
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 1850
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. W. Keener, M.D.
7/3, 1928 (Address) Dep. Cora

*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 <u>St. Trinity Lutheran</u>	DATE OF BURIAL <u>7/14 1928</u>
20. UNDERTAKER <u>Chappin & Co</u>	ADDRESS <u>7814 S. Blvd</u>

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.

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