

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

12127
 Do not use this space.

REC'D APR 21 1938

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township JEFFERSON Primary Registration District No. 117 Registered No. 712
 (c) City WEBSTER GROVES (d) Street No. 703 DALE AVE St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JAMES MORRISON McKelvey 241
 (a) Residence, No. 703 DALE AVE St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kathryn McKelvey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-17-1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 7 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Accountant
 9. Industry or business in which work was done, as saw mill, bank, etc. Unemployed
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Gas. N. McKelvey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Elizabeth Morrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Josephine M. Gilden
703 Dale Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park DATE 4-21-1938

19. FUNERAL DIRECTOR (ADDRESS) MITTELBERG FUNERAL HOME, INC
WEBSTER GROVES, MO.

20. FILED 4-20-38 R. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-12, 1938 to 4-19, 1938

I last saw him alive on 4-18, 1938. Death is said to have occurred on the date stated above, at 6:30 P.M. (about)

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis 4/11/38
Senile Arteriosclerosis 1/15/36
Chronic Interstitial nephritis 1/15/36
 Other contributory causes of importance:
131

Name of operation _____ Date of _____
 What test confirmed diagnosis? Symptoms & Physical findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Earl A. Brand, M. D.

(Address) 130 E. Lockwood

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)