

27 1939

REC'D MAR 9 1939

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

7823
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 111 Registered No. 356
 (c) City Richmond Heights (d) Street No. St. Mary's Hosptial 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 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Harry M. Kelsey,
 (a) Residence, No. 7507 Westmoreland 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13 1873

7. AGE YEARS 65 MONTHS 2 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret. R. R. Clerk
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) May 1938 11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) MO.

FATHER 13. NAME Alex. Kelsey,

14. BIRTHPLACE (CITY OR TOWN) Belfast, (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Lucinda E. Hanley,

16. BIRTHPLACE (CITY OR TOWN) St. Louis, County, (STATE OR COUNTRY) Mo.

17. INFORMANT Cyrene Kelsey, (ADDRESS) 7505 Westmoreland

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Feb. 28, 1939

19. FUNERAL DIRECTOR (NAME) Alexander & Sons (ADDRESS) 6175 Delmar Blvd.

20. FILED FEB 27 1939 R. M. [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26, 1939

I HEREBY CERTIFY, That I attended deceased from December 1938 to February 26, 1939
 I last saw him alive on February 26, 1939 Death is said to have occurred on the date stated above, at 5:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Bacterial Endocarditis Subacute
Strept. Viridans
 Date of onset 7 yrs

Other contributory causes of importance:
ventral respiratory
myocarditis chronic
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Exam Was there an autopsy? Yes

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) Fred Kassar, M. D.
 (Address) 6307 Birch

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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7
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Dr. Fred. Kramer,
634 N. Grand
Je. 1870

1 to 3

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,

J. W. Binkley

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *J. W. Binkley*

Licensed Embalmer No. 3653

P. O. Address St. Louis, Mo.

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, above space should be left blank.