DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D SEP 14 1939 791

Registration District No. 1003

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27837

Primary Registration District No.

Registrar's No. 7337

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7yrs. 7mo. 3days (Specify whether

In this community 19yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 26

(d) Street No. 3904 N. 11th St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOHN W. MCKELVEY 241

3. (b). If veteran, name war no

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie McKelvey

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased July 31, 1871 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	-	24	hr. min.

9. Birthplace Unknown (City, town or county) Ohio (State or foreign country)

10. Usual occupation Barber

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Unknown Ohio
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant's own signature Nelle McKelvey

(b) Address 3724a Vest Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/39 (Month) (Day) (Year)

(c) Place: burial or cremation Buckhorn, Mo

18. (a) Signature of funeral director C. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) AUG 25 1939 (Date received local registrar) (b) J. F. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24 year 1939 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-1-39 8-24-39, 19 to 19; that I last saw him alive on 8-24-39, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis with

Due to Chronic Myocarditis

Due to

Other conditions Softening of spleen (Include pregnancy within 3 months of death) Enlarged postate

Major findings: Of operations

Of autopsy Autopsy

Duration

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

23. Signature H. Nuckols (M. D. or other)

Address 5300 Arsenal Date signed 8-24-39

(Licensed Embalmer's Statement on Reverse Side)

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.

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

I X19511

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 2317 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.