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FILLED NOV 19 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8753

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)

In this community 2 months

3. (a) PRINT FULL NAME EDWARD HAROLD KELLEMS

3. (b) If veteran, name war World War

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November 27 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>11</u>	<u>4</u>	hr. min.

9. Birthplace Wabash County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Stone setter

11. Industry or business C. C. C.

12. Name David Kellems

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Dora Black

15. Birthplace wabash County Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dora Black

(b) Address East St. Louis, Ill.

17. (a) Burial (b) Date thereof Nov. 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director John Trascly

(b) Address 1101 N. 9th St., E. St. Louis, Ill.

19. (a) NOV 4 1941 (b) J. F. Bideck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jersey

(c) City or town Grafton
(If outside city or town limits, write "RURAL")

(d) Street No. Camp Pere Marquette
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION
November 1

20. DATE OF DEATH: Month September day 3
year 1941 hour 4 minute 36 P.M.

21. I hereby certify that I attended the deceased from Sept. 3, 1941, to November 1, 1941;
that I last saw him alive on November 1, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Esophagus

Due to Do

Due to Ho

Other conditions Ho
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Esophagus

Of operations

Of 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. R. Bradley (M. D. or D. O. M.)

Address BARNES HOSPITAL Date signed 11/17/41

011 (Licensed Embalmer's Statement on Reverse Side)

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

NOV 18 1941

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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St Louis

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, fact should be so stated above.

DEC 22 1941

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 1753

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town _____
(c) Name of hospital or institution: HOSP. D
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME EDW. H. KELLEMS.
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced MS.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 4 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 11-4-41 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 008
(c) City or town _____
(If outside city or town limits, write "RURAL") 12117
(d) Street No. _____
(If rural, give location) 9
(e) Citizen of foreign country _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 1
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____ 46a

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____ X

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M.D. or other) _____

Address _____ Date signed _____

SLIPDIPLEMAN

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

MOTHER FATHER

33718