V. S. No. 2
.00M—2-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23160

FILED AUG 12 1943

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7085

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

1. PLACE OF DEATH:
(a) County St. LOUIS
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. ~~Louis Missouri~~ Phillips Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 DAYS (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State MISSOURI (b) County 17
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1521 ~~WEBESTER~~ Webster
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ELLSWORTH EDMOND KELLEY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race COL.
6. (a) ~~Single~~, widowed, married, divorced 0
6. (b) Name of husband or wife BABY ELLSWORTH KELLEY
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 (Month) - 4 (Day) - 41 (Year)

8. AGE: Years 1 Months 7 Days 29 If less than one day hr. min.

9. Birthplace ST. LOUIS, (City, town, or county) 0 (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER
12. Name ELLSWORTH KELLEY JR.
13. Birthplace KANSAS (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name EDITH MOORE
15. Birthplace ST. LOUIS (City, town, or county) 0 (State or foreign country)
16. (a) Informant FATHER
(b) Address 1521 WEBESTER
17. (a) BURRIAL (Burial, cremation, or removal) (b) Date thereof 8 (Month) - 5 (Day) - 43 (Year)
(c) Place: burial or cremation WASHINGTON P.K.
18. (a) Signature of funeral director Herman L. Allen
(b) Address 4254 W. FINNEY
19. (a) AUG 5 1943 (Date received local registrar) J. F. Bridich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2, year 1943 hour 1 minute 12 P. M.
21. I hereby certify that I attended the deceased from July 14, 1943, to August 2, 1943; that I last saw him alive on August 2, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculous Meningoencephalitis	Unk.
Lobar Pneumonia (Autopsy)	1 week

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

108

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 0
23. Signature C. Raymond Merry (M. D. ~~or other~~)
Address 2601 Whittier Date signed 8/4/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3522

P. O. Address.....

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.