

BUREAU OF THE CENSUS  
FILED APR 20 1944

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2243**

1. PLACE OF DEATH:

(a) County.....

(b) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution **2 WEEKS**  
(Specify whether)

In this community **38 YEARS**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **000**  
**17**

(c) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL") **95**

(d) Street No. **5929 A. McPHERSON AVE**  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Kelch, Elizabeth**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married.  
**2 divorced WIDOW**

6. (b) Name of husband or wife **EDWARD KELCH** 6. (c) Age of husband or wife if  
alive..... years

7. Birth date of deceased **JULY 31 1863**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**80 8 5** hr. min.

9. Birthplace **dont know OHIO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business.....

MOTHER FATHER { 12. Name **WILLIAM SEAL**

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

14. Maiden name **CATHERINE CHAMBERS**

15. Birthplace **DONT KNOW OHIO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. MADGE SMITH**

(b) Address **5929 McPHERSON AVE.**

17. (a) **BURIAL** (b) Date thereof **4-8-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **CALVARY CEMETERY**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd**

19. (a) **APR 7 1944** (Date received local registrar)

**J. F. Bredesch** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **5**  
year **44** hour **11** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **3-20**  
19**44** to **4-5** 19**44**  
that I last saw **or** alive on **4-5** 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Metastatic carcinoma of the liver**

Due to **Carcinoma of head of pancreas**

Due to.....

Other conditions (Include pregnancy within 3 months of death) **Hb 12**

Major findings: **toxic splenitis, generalized arteriosclerosis**

Of autopsy.....

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 **Palumbo Fay M. D.** (M. D. or other)

Address **1325 So. Grand** Date signed.....

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

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 W.H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.