

S. No. 2
DM-543
v. 5-17-39
I X36671

30316
DEPARTMENT OF COMMERCE
& BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35478**

FILED NOV 23 1945
Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **9824**

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:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location) **Memorial #1**

(d) Length of stay: In hospital or institution..... **16 days**
(Specify whether
In this community.....
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")

Street No. **919 Hickory St.**
(If rural, give location)

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

3. (a) PRINT FULL NAME..... **WADE KELSO**

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

4. Sex..... **Male** 5. Color or race..... **White**

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

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

7. Birth date of deceased..... **Feb. 7 1852**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Nov.** day..... **12th**
year..... **1945** hour..... **5:15** minute..... **A** M.

21. I hereby certify that I attended the deceased from..... **10/27/45**
19..... to..... **11/12/45** 19.....

that I last saw h..... **im** alive on..... **11/12/45** 19.....
and that death occurred on the date and hour stated above.

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|----------|----------------------|
| 93 | 9 | 5 | hr. min. |

Immediate cause of death..... **Pul. TBC**
Far Advanced

Due to.....

Due to.....

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

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

10. Usual occupation..... **Nil**

Major findings:
Of operations.....

Of autopsy..... **Same as above**

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name..... **Lee Kelso**

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

14. Maiden name..... **Betty Ann Holt**

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

16. (a) Informant..... **Ben Kelso**
(b) Address..... **819 Hickory St.**

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?.....

17. (a) **Burial** (b) Date thereon..... **Nov. 14, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Concordia Cemetery**

18. (a) Signature of funeral director..... **Beiderwieden Funeral Home**
(b) Address..... **1936 St. Louis Ave.**

19. (a) **Nov 14 1945** (b) **J. F. Bredeek**
(Date received local Registrar) (Registrar's signature)

While at work?..... (Specify type of place)

(c) Means of injury.....

23. Signature..... **W. Hamilton** **11/13/45**
1515 Lafayette (Other) **m.d.**
Date signed.....

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

MOTHER FATHER

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.

No Embalming

Signed *John J. Krupar*
Licensed Embalmer No. *3497*
P. O. Address *1936 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.