No. 2
-5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34978

Registration District No. 7 — Primary Registration District No. 3069 — Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1114 Edward Terrace, Richmond Heights (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community 31 years 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS 9

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

(d) Street No. 1114 ~~TERRA~~ EDWARD TERRACE (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME HARRY C. KELLEY

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

3. (c) Social Security No. 498-07-3446

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Marguerite, née Kunkel

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased December (Month) 5 (Day) 1888 (Year)

8. AGE: Years 59 Months 10 Days 2 If less than one day hr. min.

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

10. Usual occupation District Manager

11. Industry or business Master Electric Co.

FATHER
12. Name EDWARD LIVINGSTON KELLEY
13. Birthplace NEW ENGLAND 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY ELIZA BEAUDOIN
15. Birthplace CANADA 2 (City, town, or county) (State or foreign country)

16. (a) Informant MRS. MARGUERITE KELLEY

(b) Address 1114 EDWARD TERRACE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 11, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation HIRAM CEMETERY

18. (a) Signature of funeral director BEIDERWIEDEN FU. HOME INC.

(b) Address 1936 ST. LOUIS AVE

19. (a) 10-8-48 (Date received local registrar) (b) Carl A. Phelps M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7 year 1948 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from April, 1947, to Present, 19__; that I last saw him alive on Oct. 7, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Cardiovascular Disease — Duration 2 years

Due to —

Due to — 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings:
X Of operations
X 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Sam A. Barnett M.D. (M.D. or other)

Address 1200 S. Big Bend Date signed 10-8-48

(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. 4114

P. O. Address 1936 St. Louis Ave

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.