

No. 300
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5-17-39
P 1 3908

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 1 1948

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38308
10437
Registrar's No.

Registration District No. 318 Primary Registration District No. 100's

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ST. LOUIS
(c) Name of hospital or institution CITY HOSPITAL
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town ST. LOUIS
(d) Street No. 1209 MISSISSIPPI AV.
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME MYRTLE BELL KELLETTE
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 28 year 1948 hour 1:20 minute 00AM
21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

4. Sex FE / 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife UNKNOWN
6. (c) Age of husband or wife if alive years
7. Birth date of deceased ? ? 1879 (Month) (Day) (Year)

Immediate cause of death: Coronary Occlusion Sclerotic Arteritis
Due to
Other conditions: PH

8. AGE: Years about 69: Months Days If less than one day hr. min.

Duration
Physician

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

10. Usual occupation NIL

11. Industry or business

MOTHER FATHER { 12. Name UNKNOWN THOMPSON G
13. Birthplace UNKNOWN UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN UNKNOWN
15. Birthplace UNKNOWN UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Leo Chas. Von Cloedt

(b) Address 1209 MISSISSIPPI AV.

17. (a) BURIAL (b) Date thereof Dec 2-48 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Am

18. (a) Signature of funeral director E. J. Schurer
(b) Address 3125 Lafayette Ave

19. (a) DEC 1 1948 (b) J. B. Laster (Date received local registrar) (Registrar's signature)

Major findings: Of operations
Of autopsy

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) (Means of injury)

23. Signature of physician (M. D. or other) Date signed 2/1/48

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 John B. Wallmer
Licensed Embalmer No. 4014
P. O. Address St. Louis Mo

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.