

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 6383
1582

318

1003

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|--|--|--|---|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or town Saint Louis | | | | a. STATE Missouri. | | | |
| c. LENGTH OF STAY (in this place) | | | | b. COUNTY | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2609 S. Grand Blvd. | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis | | | |
| d. STREET ADDRESS 2609 S. Grand Blvd. | | | | (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) | | b. (Middle) | | c. (Last) | |
| Albert Orlando Kelley | | | | | | 4. DATE OF DEATH Feb. 15, 1950 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Jan. 9, 1861 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) not known | | 10b. KIND OF BUSINESS OR INDUSTRY not known | | 11. BIRTHPLACE (State or foreign country) Dallas City, Illinois | | 9. AGE (In years last birthday) 89 | |
| | | | | | | IF UNDER 1 YEAR Months 1 | |
| | | | | | | IF UNDER 24 HRS. Days 6 | |
| | | | | | | Hours | |
| | | | | | | Mins. | |
| | | | | | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME William Kelley | | | 13b. MOTHER'S MAIDEN NAME Hannah McCullough | | | 14. NAME OF HUSBAND OR WIFE not known | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. M. Azbell, 2609 S. Grand Blvd. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis | | | | | |
| | | ANTECEDENT CAUSES | | | | | |
| | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sensitivity | | | | | |
| | | DUE TO (c) | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 4200 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Apr. 1946, to Feb. 15, 1950, that I last saw the deceased alive on Feb. 13, 1950, and that death occurred at 9:45 p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Edward J. Kelchins, M.D. (Degree or title) | | | | 23b. ADDRESS 3903 Olive St. Kansas | | 23c. DATE SIGNED 2-17-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE Feb. 18, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. FEB 17 1950 | | REGISTRAR'S SIGNATURE J. B. Sarota | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Craig, 4700 Washington Blvd. | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Elmo R. Padwell

Signed.....
Student Embalmer

Licensed Embalmer No. 4077

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.