

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

14681

3511

318

1003

Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>St. Louis, Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		7249			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>27-3327 South 9th</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>O'Dell</u>		b. (Middle) <u>Elbert</u>		c. (Last) <u>Kell</u>			
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>16</u>		(Year) <u>1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>March 12, 1948</u>			
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months <u>1</u>		IF UNDER 1 YEAR Days _____		IF UNDER 1 HR. Hours _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Roy Alvin Kell</u>			13b. MOTHER'S MAIDEN NAME <u>Bessie Marton</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Roy Kell</u>					
				ADDRESS: <u>3327 S. 9th St.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fibrocystic disease of the pancreas.</u> <u>Bronchopneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>25 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>587.2</u>					
22. I hereby certify that I attended the deceased from <u>2-22</u> , 1950 to <u>4-16</u> , 1950 that I last saw the deceased alive on <u>4-16</u> , 1950, and that death occurred at <u>6:42 am.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>Elbert B. Forker</u> (Degree or title) _____				23b. ADDRESS <u>M. D. 500 S. Kingshighway</u>		23c. DATE SIGNED <u>4-17-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-18-1950</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Claytown, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>APR 17 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Weick Bro. Uhd. Co. 2201 S. Grand</u>					

(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.....

*James R. Dunn*

Licensed Embalmer No. 4527

P. O. Address 2201 S. Grand Bl.

Signed.....  
Student Embalmer

**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.