

No. 300  
10. 48

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32059**

**317**

PRIMARY REG. DIST. NO. **3066** Registrar's No. **2178**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>171 da.</b>		d. STREET ADDRESS (If rural, give location) <b>15 3247 Delor St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>U.S. MARINE HOSPITAL</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>RALPH</b> b. (Middle) <b>S</b> c. (Last) <b>KELLEY</b>		4. DATE OF DEATH (Month) <b>Sept</b> (Day) <b>13</b> (Year) <b>1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 6, 1883</b>
9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Butcher—Arthur Inc</b>	11. BIRTHPLACE (State or foreign country) <b>Ohio</b>
12. CITIZEN OF WHAT COUNTRY? <b>America</b>		13a. FATHER'S NAME <b>David C. Kelley</b>	
13b. MOTHER'S MAIDEN NAME <b>Gertrude Strong</b>		14. NAME OF HUSBAND OR WIFE <b>Sophia A. Kelley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>U.S. Marine Hosp</b> ADDRESS <b>Clinical Records of Hosp, Kirkwood, Mo.</b>			

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) <b>Leiomyosarcoma, primary, of small intestine with metastasis to left lung &amp; brain</b>		ANTECEDENT CAUSES		<b>8 mo.</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS		<b>152X</b>	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION <b>8-18-50</b>		19b. MAJOR FINDINGS OF OPERATION <b>Tumor of small intestine with multiple metastasis within abdomen</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>X</b>	
21c. (CITY, TOWN, OR TOWNSHIP) <b>X</b> (COUNTY) <b>X</b> (STATE) _____		21d. TIME OF INJURY (Month) _____ (Day) <b>X</b> (Year) _____ (Hour) _____ (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>X</b>		22. I hereby certify that I attended the deceased from <b>Mar. 26, 1950</b> , to <b>Sep. 13, 1950</b> , that I last saw the deceased alive on <b>Sept. 12, 1950</b> , and that death occurred at <b>7:20 a.m.</b> , from the causes and on the date stated above.			

23a. SIGNATURE <b>Donald S. Roluf</b> (Degree or title) <b>D. S. Roluf, Sr. Surg. U.S.M.H.</b>		23b. ADDRESS <b>Kirkwood, Missouri</b>		23c. DATE SIGNED <b>Sep. 13, 1950</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/16/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>N. St. Marcus Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>SEP 14 1950</b> <b>Herbert R. Donkey</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wacker - Haldale</b> ADDRESS <b>3634 Gravois</b>	

OCT 26 1950

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.....  
Student Embalmer

Signed.....

Licensed Embalmer No. 2645

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.