

THE DIVISION OF HEALTH OF MISSOURI  
FILED JUN 4 1951 STANDARD CERTIFICATE OF DEATH

State File No. 17095

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 35

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jefferson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY _____   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Meramec</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>  |   |
| c. LENGTH OF STAY (In this place) <u>2 yrs, 11 mos.</u>   |  | d. STREET ADDRESS (If rural, give location) <u>6926 Arthur Ave.</u>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hilltop Infirmary</u>   |  |  |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>James</u> b. (Middle) _____ c. (Last) <u>McELEY</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>5 17 '51</u>  |   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  | 8. DATE OF BIRTH <u>5-12-1872</u>   |
| 9. AGE (In years last birthday) <u>80</u>   | IF UNDER 1 YEAR Months _____ Days <u>5</u>   | IF UNDER 24 HRS. Hours _____ Min. _____  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Foreman</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Laclede Gas Co.</u>   | 11. BIRTHPLACE (State or foreign country) <u>Ireland</u>  |
| 12. CITIZEN OF WHAT COUNTRY? <u>American</u>  |  |  |   |
| 13a. FATHER'S NAME <u>Charles McEley</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Therese Fischer</u>   | 14. NAME OF HUSBAND OR WIFE <u>Mary Walsh</u>   |
| 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>BRO. GABRIEL, O.S.F.</u> ADDRESS <u>57. JOSEPHS. HILL LINE</u> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                           |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac insufficiency</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Chronic myocarditis</u><br><u>Cerebral arterio-sclerotic</u><br>DUE TO (c) <u>Cardiac vasculum disease</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>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 checked="" 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? _____   |   |
| 22. I hereby certify that I attended the deceased from <u>6/1/48</u> to <u>5/7/51</u> , that I last saw the deceased alive on <u>5/7/51</u> , 19 <u>51</u> , and that death occurred at <u>9:10 P. m.</u> , from the causes and on the date stated above. |  |  |   |
| 23a. SIGNATURE <u>R. Mader M.D.</u> (Degree or title) <u>U</u>  |  | 23b. ADDRESS <u>4323 Roland Blvd. Normandy, Mo.</u>  | 23c. DATE SIGNED <u>5/19/51</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 24b. DATE <u>5-21-1951</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>   | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>                                 |
| DATE REC'D BY LOCAL REG. <u>5/26/1951</u>   | REGISTRAR'S SIGNATURE <u>Ruth Josa</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Hoffmeyer</u> ADDRESS <u>Colonial Mortuary 24th &amp; Chippewa St.</u>  |   |

0500  
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

JUN 4 1951

DATE RECEIVED 5-29-51  
HILLSBORO, MISSOURI  
JEFFERSON COUNTY HEALTH DEPT.

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7514 T. Broadway

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.