

18959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 19 1951

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3067</u>		Registrar's No. <u>2130</u>	
1. PLACE OF DEATH a. COUNTY <u>SAINT LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>VILLAGE OF LADUE</u>		c. LENGTH OF STAY (In this place) years <u>44 2/1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>VILLAGE OF LADUE</u>		<u>44 2/1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>37 CLERMONT LANE</u>				d. STREET ADDRESS (If rural, give location) <u>37 CLERMONT LANE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>NEUBIGEN</u>		c. (Last) <u>McKELVEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 9 1951</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>OCT 4 1864</u>		9. AGE (In years last birthday) <u>86</u> 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) <u>RET. DIRECTOR PUBLIC SAFTY ST LOUIS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAFTY</u>		11. BIRTHPLACE (State or foreign country) <u>CANADA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ROBERT McKELVEY</u>		13b. MOTHER'S MAIDEN NAME <u>JANE GRAY</u>		14. NAME OF HUSBAND OR WIFE <u>KATE McKELVEY (dec'd)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. MAUDE TOBIN 37 CLERMONT LANE</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary occlusion</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>Several years</u> <u>4 ..</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>420.1</u>				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) (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 <u>April 22, 1951</u> , to <u>5-9</u> , 1951, that I last saw the deceased alive on <u>4-23, 1951</u> , and that death occurred at <u>8</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert C. Lupton M.D.</u>				23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>5/9/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-9-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS COUNTY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>5-10-51</u>		REGISTRAR'S SIGNATURE <u>Robert C. Lupton</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C. R. Lupton & Sons</u>		ADDRESS <u>7233 DELMAR</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DR. KARL F. KOENIG
3720 WASHINGTON BLVD.
1 - 5 PM JE. 3477

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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 Armed W. Schoene

Licensed Embalmer No. 3860

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.