

No. 300  
10-48

FILED DEC 6 1951

# STANDARD CERTIFICATE OF DEATH

State File No. **40086**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 3686

1. PLACE OF DEATH  
 a. COUNTY St. Louis  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood  
 c. LENGTH OF STAY (in this place) 5 years  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 638 E. Adams Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).  
 a. STATE Missouri b. COUNTY St. Louis  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood  
 d. STREET ADDRESS (If rural, give location) 638 E. Adams Ave.

3. NAME OF DECEASED  
 a. (First) MARY b. (Middle) A c. (Last) KELTON

4. DATE OF DEATH (Month) (Day) (Year)  
Nov. 10, 1951

5. SEX  
Female

6. COLOR OR RACE  
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Never married

8. DATE OF BIRTH  
Aug. 13, 1884

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.  
67 2 29

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired

10b. KIND OF BUSINESS OR INDUSTRY  
Housewife

11. BIRTHPLACE (State or foreign country)  
Kirkwood, Missouri

12. CITIZEN OF WHAT COUNTRY?  
USA

13a. FATHER'S NAME  
John C. Kelton

13b. MOTHER'S MAIDEN NAME  
Mary Abrams

14. NAME OF HUSBAND OR WIFE  
Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
none

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS  
Mrs. J. W. Kelton, 638 E. Adams, Kirkwood, Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Arteriosclerotic heart disease  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Arteriosclerosis  
 DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
5 1/2

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
 YES  NO

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)  
4280

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948 to Nov 12, 1951, that I last saw the deceased alive on Nov 12, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
W. Alexander S. [Signature]

23b. ADDRESS  
Webster Brown

23c. DATE SIGNED  
11-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE  
11/14/51

24c. NAME OF CEMETERY OR CREMATORY  
Oak Hill Cemetery

24d. LOCATION (City, town, or county) (State)  
Kirkwood, Mo.

DATE REC'D BY LOCAL REG.  
11-14-51

REGISTRAR'S SIGNATURE  
Herbert R. Tomke

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS  
Louis H. Pipp, Jr. Kirkwood, Mo.

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 \_\_\_\_\_

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

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *Felix Howard*

Licensed Embalmer No. *3034*

P. O. Address *Kirkwood, 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.