S. No. 300
v. 10-48

FILED MAY 17 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18870

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 1219

1007
1

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves
c. LENGTH OF STAY (in this place): UNK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 120 Summit Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves, Mo. 4589
d. STREET ADDRESS (If rural, give location): 120 Summit Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Ansel
b. (Middle): Floyd
c. (Last): McKelvie

4. DATE OF DEATH (Month) MAY (Day) 6 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 24, 1890
9. AGE (In years last birthday): 61 — 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): Supt. of Terminals
10b. KIND OF BUSINESS OR INDUSTRY: Burlington RR
11. BIRTHPLACE (State or foreign country): Brooklyn, Ill.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John McKelvie
13b. MOTHER'S MAIDEN NAME: Ellen Jennings
14. NAME OF HUSBAND OR WIFE: Harriet McKelvie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Harriet McKelvie 120 Summit Ave.

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastatic cancer, Site of origin unknown — INTERVAL BETWEEN ONSET AND DEATH: 4 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes mellitus 1998 — 3 yrs

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)
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* August, 1949, *to* 5-6, 1952 *that I last saw the deceased alive on* 5-6, 1952 *and that death occurred at* 9:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John L. Shannon, M.D.
23b. ADDRESS: 35 N Central Clayton, Mo
23c. DATE SIGNED: 5-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 8, 1952
24c. NAME OF CEMETERY OR CREMATORY: Plymouth, Ill.
24d. LOCATION (City, town, or county) (State): Plymouth, Ill.

DATE REC'D BY LOCAL REG.: 5-7-52
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: C. Hoffmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.

SW

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. S. Skinner
35 No. Central
2:00 to 6:00PM

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 Louis C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S 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.