

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26762

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1985</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>2057</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (in this place) <u>5 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u> <u>1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>605 CLARA AVENUE</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CHARLES</u>		b. (Middle) <u>L.</u>		c. (Last) <u>MC KELVEY</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>7-22-52</u>		5. SEX <u>MALE</u> <u>0</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> <u>1</u>	
8. DATE OF BIRTH <u>12-16-95</u>		9. AGE (In years last birthday) <u>56</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>MECHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TRUCK MECHANIC</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ROCKWOOD, ILLINOIS /</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JAMES E. MCKELVEY</u>		13b. MOTHER'S MAIDEN NAME <u>HENRIETTE SUDAN</u>		14. NAME OF HUSBAND OR WIFE <u>MABEL MC KELVEY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WWI</u>		16. SOCIAL SECURITY NO. <u>013 05 4605</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, JEFF. BRKS, MO.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PERFORATED DUODENAL ULCER</u> ANTECEDENT CAUSES <u>CHRONIC EMPHYSEMA ADVANCED, AND PULMONARY FIBROSIS</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>FIBROSIS</u> DUE TO (c) <u>5271</u>				INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS <u>ACUTE BILATERAL PYELONEPHRITIS & PROSTATIC ABSCESS</u> 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 checked="" type="checkbox"/> NO <input 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>7-17-52</u> , 19 <u>52</u> , to <u>7-22-52</u> , 19 <u>52</u> , that I last saw the deceased <u>XXXXXX</u> , and that death occurred at <u>10:07 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R.A. ALLEN</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>VA HOSPITAL, JEFF. BRKS, MO.</u>		23c. DATE SIGNED <u>7-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>27/25/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. L. County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-25-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ALEXANDER & SONS, 6175 Delmar, St. Louis, Mo.</u>			

S.W. (Licensed Embalmer's Statement on Reverse Side)

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 jos. E McCulloh

Licensed Embalmer No. 2460

P. O. Address 6145 Delmar

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.