

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26555

State File No. _____

FILED JUL 31 1953

318

1003

Registrar's No. 6501

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3527a Clay Ave.				d. STREET ADDRESS (If rural, give location) 10 3527a Clay Ave.			
3. NAME OF DECEASED (Type or Print) Michael		a. (First) _____		b. (Middle) C.		c. (Last) Kelsch	
4. DATE OF DEATH June 29, 1953.		4. DATE (Month) (Day) (Year)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 9, 1882.	
5. SEX Male		6. COLOR OR RACE White		9. AGE (In years last birthday) 70		10. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocer & Tavern		11. BIRTHPLACE (City and State or Foreign Country) Cincinnati, Ohio.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Kelsch		13b. MOTHER'S MAIDEN NAME Louise Koehler		14. NAME OF HUSBAND OR WIFE Emma M. Kelsch			
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emma M. Kelsch, 3527a Clay Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Heart Exhaustion		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Exhaustion				INTERVAL BETWEEN ONSET AND DEATH 6 da	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) Myocarditis (chronic) 1 yr.					
		DUE TO (c) _____					
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		4222 F		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 E9:10			
22. I hereby certify that I attended the deceased from Jan 2, 1953 , to 6-29, 1953 , that I last saw the deceased alive on 6-28, 1953 and that death occurred at 3:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE J. D. Peeler M.D.		(Degree or title) _____		23b. ADDRESS 2305 North Lounsbury		23c. DATE SIGNED 6-29-53	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 7/2/53.		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. JUN 30 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.			

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 Ralph B. Linders

Licensed Embalmer No. 4275

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.