FILED JUN 24 1954

XC-15 885 315

SL 1500 Reg. 1641

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20917

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5123

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 915 N.Grand, St.Louis, Mo.
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY BOONE
c. CITY OR TOWN COLUMBIA
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 510 Edgewood

0100 1

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) H.
c. (Last) MC KELVY

4. DATE OF DEATH (Month) (Day) (Year) 6-6-54

5. SEX MALE

6. COLOR OR RACE WHITE

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

8. DATE OF BIRTH 11-1-1906

9. AGE (In years last birthday) 47 | 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) RETIRED SOLDIER

10b. KIND OF BUSINESS OR INDUSTRY ARMY

11. BIRTHPLACE (City and State or Foreign Country) RANDOLPH, LOUISIANA

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ADOLPHUS MC KELVY

13b. MOTHER'S MAIDEN NAME BANNA RISINGER

14. NAME OF HUSBAND OR WIFE FRANCES MC KELVY

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

16. SOCIAL SECURITY NO. 565-18-1627

17. INFORMANT'S SIGNATURE OR NAME VA HOSP. RECORDS, 1915 N.Grand, St.Louis, Mo. ADDRESS

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) PULMONARY EMBOLISM — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) MYELOGENOUS LEUKEMIA — UNKNOWN

DUE TO (c)

II. 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

20. AUTOPSY? YES [X] 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?

204/

22. *I hereby certify that I attended the deceased from* 6-2-54, *19*____, *to* 6-6-54, *19*____, *that I last saw the deceased alive on* _____, *and that death occurred at* 5:00 p. *m., from the causes and on the date stated above.*

23a. SIGNATURE J.T. Kamiskas (Degree or title) M.D.

23b. ADDRESS VAH, 915 N.Grand, St.Louis, Mo.

23c. DATE SIGNED 6-7-54

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

24b. DATE 6-9-54

24c. NAME OF CEMETERY OR CREMATORY National Cemetery

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

DATE REC'D BY LOCAL REG. JUN 9 1954

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home **ADDRESS** 6322 S. Grand Blvd.

(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 e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David Van Fossa

Licensed Embalmer No. 4

P. O. Address 6322 Lo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.