THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6345

FILED MAR 1 1957

STATE FILE NUMBER — 857

Registration District No. 318 Primary Registration District No. 1003 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 ST. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN University City 43760 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 32 St. Luke's Hospital — Length of Stay in Hospital 40 Years 1 Month	d. STREET ADDRESS (If outside, give location) 27 617 Geoffry Lane — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: Herbert	Middle: Lloyd	Last: Kelley
4. DATE OF DEATH	Month: Jan.	Day: 26,	Year: 1957
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH: June 26, 1879
9. AGE (In years last birthday): 77	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): Investment Broker	10b. KIND OF BUSINESS OR INDUSTRY: Yates-Heitner-Woods	11. BIRTHPLACE (City and state or country): Harwich, Mass	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Baker Kelley		14. MOTHER'S MAIDEN NAME: Ellen M. Simpson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 489-05-5141	17. INFORMANT (Son) Address: Mr Richard T. Kelley 7626 Carswold Dr.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Uremia	6 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Kidney failure	"
DUE TO (c)	Carcinoma of prostate gland	unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 177X

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 20, 1956 to Jan 26 1957 and last saw him alive on Jan 25, 1957. Death occurred at 7:15 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William W Carter MD	22b. ADDRESS: 35 N. Central, Clayton, Mo.	22c. DATE SIGNED: 1-26-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1/28/57	23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo		
24. FUNERAL DIRECTOR: Alexander & Sons — ADDRESS: 6175 Delmar	25. DATE RECD. BY LOCAL REG.: JAN 28 '57	26. REGISTRAR'S SIGNATURE: J Carl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must be casually related. Coroner cannot certify to a death due to natural causes.
diseases in Part I must be casually related.

Dr Wm Wood Carter
35 N Central
Pa 74144

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jas. E. McCulloh

Licensed Embalmer No. 24

P. O. Address 6145 D

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.