

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30250

FILED SEP 4 1957

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 2005

STATE FILE NUMBER

|   |                                  |   |  |   |   |
|---|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Ferguson</u>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>University City</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Oak Knoll Nursing Ho.</u>   |                                  | Length of stay in lb<br><u>5 days</u>   | d. STREET ADDRESS (If outside, give location)<br><u>7301 Dorsett</u>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED (Type or print)<br>First <u>EDITH</u> Middle <u>McKELVEY</u> Last <u>McKELVEY</u>   |                                  |   | 4. DATE OF DEATH<br>Month <u>AUG.</u> Day <u>12,</u> Year <u>1957</u>  |   |   |
| 5. SEX<br><u>female</u>   | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Oct. 29, 1883</u>   | 9. AGE (In years last birthday)<br><u>73</u>                            | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Teacher St. Louis Public Schools</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>St. Louis Missouri</u>  |  | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis Missouri</u> |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |                                  |   | 13. FATHER'S NAME<br><u>John McKelvey</u>  |   |   |
| 14. MOTHER'S MAIDEN NAME<br><u>Addie Lake</u>   |                                  |   | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no none</u>                  |   |   |
| 16. SOCIAL SECURITY NO.<br><u>none</u>  |                                  | 17. INFORMANT Address<br><u>Mr. B.R. Swank (St. Louis Missouri)</u>   |  |   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Probably coronar occlusion</u>  |                                  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>Instant</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis, cerebral and general</u>  |                                  |   |  |   | <u>1939+</u>  |
| DUE TO (c) <u>Hypertensive cardiovascular-repeated c.v. Accidents</u>   |                                  |   |  |   | <u>1939 on</u>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><u>4201</u>   |                                  |   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  |  |   |   |
| 20c. TIME OF INJURY<br>Hour <u>9:30</u> Month <u>12</u> Day <u>4</u> Year <u>56</u><br>a. m. <u>30</u> p. m.  |                                  | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  |   |   |
| 20e. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20f. CITY, TOWN, OR LOCATION<br><u>St. Louis Mo</u>   |  | 20g. COUNTY STATE<br><u>Mo</u>  |   |
| 21. I attended the deceased from <u>12-4-56</u> to <u>8-12-57</u> and last saw her <u>him</u> alive on <u>8-8-57</u><br>Death occurred at <u>9:30</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>J. Fred W. Clark M.D.</u>  |                                  |   | 22b. ADDRESS<br><u>864 Hamilton Blvd. St. Louis Mo</u>   |   | 22c. DATE SIGNED<br><u>8-12-57</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>cremation</u>   |                                  | 23b. DATE<br><u>8-15-57</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Grove Cematory</u>  |   | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis County Mo</u>                       |
| 24. FUNERAL DIRECTOR<br><u>C.R. Lupton and Sons</u>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>8-13-57</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>Herbert A. Donahoe</u>                  |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to cause of death unless diseases in Part I must be casually related.

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.....  
Signature of Student Embalmer

Signed. *Arnold W. Schoen*

Licensed Embalmer No. *30*

P. O. Address *St. Louis*

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.