

FILED DEC 2 - 1957

STATE FILE NUMBER

42198

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11178**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Hillsboro		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros Hosp.			Length of stay in lb			d. STREET ADDRESS (If outside, give location) Cedar Grove Home	
3. NAME OF DECEASED (Type or print) First EDWARD Middle VERNON Last KELLETT				4. DATE OF DEATH Month Nov Day 21 Year 1957			
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 8-10-1867	
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banking			10b. KIND OF BUSINESS OR INDUSTRY Banking			11. BIRTHPLACE (City and state or country) Quindaro Kansas	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME Unknown			
14. MOTHER'S MAIDEN NAME Unknown				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. None				17. INFORMANT Address Mrs. L.S. Echols 218 Calverton			
18. CAUSE OF DEATH (Enter only one cause per list for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Arteriosclerosis DUE TO (b) DUE TO (c) CONDITIONS (If any, which arose above cause (a), (b), or (c) and which were under-lying cause last.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Fractured Right Femur							INTERVAL BETWEEN ONSET AND DEATH 3 hrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Fell by bedside at Nursing Home					
20c. TIME OF INJURY Hour 1:00 a. m. 11-16-57		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Hillsboro Jefferson City Mo.	
20g. COUNTY C. S. COUNTY		20h. STATE Mo.					
21. I attended the deceased from March 1956 , to Nov. 1957 and last saw him alive on Nov. 20, 1957 Death occurred at 3:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
22a. SIGNATURE John W. Doake M.D.				22b. ADDRESS 3606 Gravois St. Louis Mo.		22c. DATE SIGNED 11-21-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 11-22-57		23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
24. FUNERAL DIRECTOR ADDRESS Parker-Aldrich Webster Groves				25. DATE RECD. BY LOCAL REG. NOV 22 '57		26. REGISTRAR'S SIGNATURE Carl Smith Mo	

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 No embalming, Student Embalmer No. _____ working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 439

P. O. Address Hedden Grove

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.