

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023070  
State File No.

FILED JUL 2 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. **2 5937**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		a. STATE <b>Missouri</b>	b. COUNTY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>4847 San Francisco Ave.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
		d. STREET ADDRESS (If rural, give location) <b>4847 San Francisco Ave.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>James</b>	b. (Middle)	c. (Last) <b>Kellett</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 21, 1959</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>September 19, 1879</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>79</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Legal Investigator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Scotland</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>James Kellett</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Dolan</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Kellett</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Spanish Amer. War</b>	16. SOCIAL SECURITY NO. <b>493-05-7575</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. James Kellett</b>	ADDRESS <b>4847 San Francisco</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion.</b>	INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>
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*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	DUE TO (b) <b>cardiac decompensation</b>	<b>4 yrs.</b>
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <b>arteriosclerotic cardiovascular disease.</b>	
		II. OTHER SIGNIFICANT CONDITIONS	<b>pulmonary empysema.</b>	<b>10 yrs.</b>
		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>420.1</b>	20. AUTOPSY? <b>1</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>420.1</b>
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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?
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22. I hereby certify that I attended the deceased from **1950**, **19**, to death, **19**, that I last saw the deceased alive on **June 1**, **19 59**, and that death occurred at **5 PM. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John G. Kellett</b>	(Degree or title)	23b. ADDRESS <b>2314 Telegraph Road, Lemay Mo.</b>	23c. DATE SIGNED <b>6 22 59</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 24, 1959</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>JUN 23 59</b>	REGISTRAR'S SIGNATURE <b>Carl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Morrell Mortuary</b>	ADDRESS <b>3710 North Grand</b>
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*MRB* (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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

*Loren E. Percy*

Licensed Embalmer No. *4094*

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.**