URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 0 1959

59–042071
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210777

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis,Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cardinal Glennon Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St.Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3845 Ohio Ave.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)
First: Gregory
Middle:
Last: Kelsey

4. DATE OF DEATH: Month Nov. Day 21 Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov.21,1959
9. AGE (last birthday): IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HR: Hours 15 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St.Louis,Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Harry Kelsey
13b. MOTHER'S MAIDEN NAME: Phyllis Cox
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Harry Kelsey
Address: 3845 Ohio Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Atelectasis of the newborn.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 762.0
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Adrenal hemorrhage.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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 11/21/59, to death and last saw her/him alive on same day.
Death occurred at 5 55 pm 11/21/59 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John H. Benkamin M.D.
22b. ADDRESS: 1465 So Grand
22c. DATE SIGNED: 11/21/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-23-59
23c. NAME OF CEMETERY OR CREMATORY: St.Matthews Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis Missouri

24. FUNERAL DIRECTOR: Witt Bros. L&U.Co.
ADDRESS: 2929 S.Jefferson
25. DATE RECD. BY LOCAL REG.: NOV 23 1959
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MJB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by Not Embalmed, Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.