ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-011987
STATE FILE NUMBER

AMENDED ✓

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 643

FILED VS MAR 14 1961

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Northwoods — Length of stay in 1b YRS.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 7117 Farley Ave. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY St.Louis
c. CITY OR TOWN Northwoods — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 7117 Farley Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First SIDNEY Middle Last KELTER
4. DATE OF DEATH Month MARCH Day 6th Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/1/98
9. AGE (last birthday) 62 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager
10b. KIND OF BUSINESS OR INDUSTRY Iron & Steel
11. BIRTHPLACE (City and state or country) New York N.Y.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME David Kelter
13b. MOTHER'S MAIDEN NAME Unk.
14. NAME OF HUSBAND OR WIFE Pauline Kelter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unk.
17. INFORMANT Address Mrs.P.Kelter 7117 Farley 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) Carcinoma of pancreas — INTERVAL BETWEEN ONSET AND DEATH 9 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 12-26-60, to 3-6-61 and last saw her/him alive on 3-6-61
Death occurred at 1:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M.D.
22b. ADDRESS 950 Francis Place Clayton Mo
22c. DATE SIGNED 3-7-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/8/61
23c. NAME OF CEMETERY OR CREMATORY Mt.Sinai Cemetery
23d. LOCATION (City, town, or county) St.Louis County (State) Missouri

24. FUNERAL DIRECTOR HERMAN RINDSKOPF INC. ADDRESS 5216 DELMAR
25. DATE RECD. BY LOCAL REG. 3-7-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

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 John Ketter

Licensed Embalmer No. 3880

P. O. Address_____

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.