. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

WHITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4664

Registrar's No. 1039

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Enroute to City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 19

(c) City or town St. Louis 23 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2708 Eads Avenue 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alpha Curtis McKelvey

3. (b) If veteran, name war World War

3. (c) Social Security No.

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mamie

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased June (Month) 25 (Day) 1896 (Year)

8. AGE:	Years	Months	Days	If less than one day
	45	7	6	hr. min.

9. Birthplace Ramsey, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Wood-worker

11. Industry or business Planning Mill

FATHER
12. Name William McKelvey
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ida Curtis
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mamie McKelvey (wife)
(b) Address 2708 Eads Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-42 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) FEB 2 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1st
year 1942 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 24th 1942 to Feb 1st 1942
that I last saw him alive on Jan 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis — Duration 1 da

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence x
(c) Where did injury occur? x (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? x (e) Means of injury x

23. Signature B. Shanklin (M. D. or other) MD
Address 1514 S. Jefferson Date signed 2/2/42

(Licensed Embalmer's Statement on Reverse Side)

MAR 27 1942

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.