

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

972
 Do not use this space.

REC'D FEB 10 1939

791
 1003

972

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No.....
 (c) City St. Louis (d) Street No. 4631 Carrie Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 58 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dr. Charles Mellies

(a) Residence, No. 4631 Carrie Ave. St. 9 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Husband of Elizabeth Mellies</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 4, 1859</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>3</u>	<u>23</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Physician</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 1939</u>		11. Total time (years) spent in this occupation <u>54</u>	
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Woolam, Missouri</u>				
FATHER	13. NAME <u>Ernst Mellies</u>			
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Unknown, Germany</u>			
MOTHER	15. MAIDEN NAME <u>Wilhelmina Auferheide</u>			
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>unknown, unknown</u>			
17. INFORMANT <u>Elizabeth Mellies</u> (ADDRESS) <u>4631 Carrie Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Vahalla Lasloem</u> DATE <u>Feb. 1</u> 19 <u>39</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Suedmeyer & Sons</u> <u>3934 N. 20th St.</u>				
20. FILE <u>JAN 31 1939</u> <u>J. F. Brudeck</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 6th 1939 to Jan 30 1939
 That saw him alive on Jan 30 1939. Death is said to have occurred on the date stated above, at 2:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis, mitral stenosis - hypertension over 4 years
Coronary thrombosis
 Date of onset 4 yrs

Other contributory causes of importance:
None

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify no
 (Signed) Chas. A. Mellies, M.D.
 (Address) 2739 N. Grand Blvd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 11 1964

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.....

Geo P Schubert....., Registered Apprentice No.....

working under my personal supervision.

Signed *Geo P Schubert*.....

Licensed Embalmer No. *2212*.....

P. O. Address: *5118⁹ N. Kingshigh*.....

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 this body is not embalmed, above space should be left blank.