DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24218

Registration District No. 1939 791 1008

Primary Registration District No.

Registrar's No. 6491

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: 3651 Winnebago St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community At Home

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3651 Winnebago St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lucille E. Melise 420

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August 12 1907 (Month) (Day) (Year)

8. AGE: Years 31 Months 11 Days 10 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Melise
13. Birthplace California (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Evelyn Schneider
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Evelyn Melise
(b) Address 3651 Winnebago St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) JUL 24 1939 (Date received local registrar) (b) J. E. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23rd day July year 1939 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from 6-7, 1939, to 7-22-39, 19..; that I last saw h. alive on 7-22, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolism — Duration: Sudden

Due to

Due to

Other conditions (Include pregnancy within 3 months of death): Chronic Endocarditis, Mitral Stenosis

Major findings:
Of operations —
Of autopsy —

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 —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —
While at work? — (Specify type of place) (e) Means of injury —

23. Signature Bernard Block (M. D. or other)
Address 3527 Osage, St. Louis, Mo. Date signed 7-24-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

Dr. B. Bloch
3958 S. Grand
Pr-1296

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 Frank J. Owens

Licensed Embalmer No. 7745

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