

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 308

1. PLACE OF DEATH: 2  
 (a) County Cole  
 (b) City or town Jefferson City, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 1017 E. McCarty St  
 (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 63 yr  
 years, months or days) 4 1/2 mo

3. (a) PRINT FULL NAME C. William Melchert  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. no

4. Sex Male 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Elizabeth  
 6. (c) Age of husband or wife if alive 65 years  
 7. Birth date of deceased Jan 9 1870  
 (Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 18  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Co., Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business Blacksmith

MOTHER FATHER  
 12. Name John Melchert  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Cathleen Douglas  
 15. Birthplace Switzerland  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elizabeth Melchert

(b) Address 1017 E. McCarty, Jefferson

17. (a) Burial (b) Date thereof Nov 29/39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Resurrection

18. (a) Signature of funeral director Breightmeyer Home

(b) Address Jefferson City, Mo.

19. (a) 12/28/39 (b) Dr. B. C. Wood  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Cole  
 (c) City or town Jefferson City, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1017 E. McCarty St  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27 day Dec.  
 year 1939 hour 7 1/4 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 27 1939  
Dec 27, 1939, to Dec 27, 1939;  
 that I last saw him alive on Dec 27, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
 Due to Myocarditis  
 Due to Carcinoma gastric

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
 (While at work) (e) Means of injury \_\_\_\_\_

23. Signature Max Aldredge (M. D. or other) \_\_\_\_\_  
 Address Jefferson Date signed 12/28/39

Duration to this  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

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

STATE OF MISSOURI  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH SERVICES  
REGISTERED EMBALMERS

**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 Victor Buscher

Licensed Embalmer No. 3704

P. O. Address J.C. Mo.

**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.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

43161  
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213  
(b) Township Jefferson City Primary Registration District No. 3014  
(c) City Jefferson City (d) Street No. \_\_\_\_\_ 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Charles William Melchert St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69 11 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 12/30/1939 D. B. Aldridge Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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 (Signed) M. B. Aldridge M. D.

(Address) Jefferson City Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE REGISTERED BY LAW. CRUISE & DEATH IN plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is important.

