

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Children's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr 15 min
(Specify whether _____)
In this community 4 1/2
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5844 Cabanne
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day 1st
year 1940 hour 9 minute am
21. I hereby certify that I attended the deceased from 8-1-1940 to 8-1-1940
that I last saw him alive on 8-1-1940
and that death occurred on the date and hour stated above.

Immediate cause of death: brain abscess secondary to lobar pneumonia
Due to _____
Due to _____

Duration 3 weeks

Other conditions empyema left side
(Include pregnancy within 3 months of death)
due to pneumococcus
Major findings: non-tubercular
Of operations _____
Of autopsy brain abscess

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

3. (a) PRINT FULL NAME Raynold Edgar Meleen, Jr.
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: (Month) 1 (Day) 15 (Year) 37

8. AGE: Years 3 Months 6 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation clerk

11. Industry or business _____
12. Name Raynold Meleen
13. Birthplace Memphis (City, town, or county) (State or foreign country)
14. Maiden name Hancy Smith
15. Birthplace Ala. (City, town, or county) (State or foreign country)

16. (a) Informant Phosphor

(b) Address 5005 Kingshighway

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-1-40 (Month) (Day) (Year)
(c) Place: burial or cremation Birmingham Ala.

18. (a) Signature of funeral director Creedy Undertaking

(b) Address 4168 Washington Blvd.

19. (a) AUG 1 1940 (Date received local registration) (b) J. F. Bredeck (Registrar's signature)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature Alex F. Hartman (M. D. or other) _____
Address St. Louis Children's Hosp Date signed 8-1-40

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

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 Howard F Rowland

Licensed Embalmer No. 3114

P. O. Address Thomas 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.