

Registration District No.

Primary Registration District No. 106

Registrar's No.

1116

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
505 N. Kirkwood Rd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 505 N. Kirkwood Rd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ivan Gerald Melrose

3. (b) If veteran, name war World War 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Constance Melrose 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased May 21 1894
(Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 4 If less than one day
hr. min.

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

10. Usual occupation Antique Dealer

11. Industry or business

12. Name Marshall Melrose

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

14. Maiden name UNKNOWN

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Constance Melrose

(b) Address 505 N. Kirkwood Rd Kirkwood

17. (a) Plans, Ills (b) Date thereof 5/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PLANS, ILLS.

18. (a) Signature of funeral director Lewis H. Bippes, Inc.

(b) Address 131 Arcanne Dr Kirkwood Mo

19. (a) MAY 26 1941 (Date received local registrar) W R Melrose M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1941 hour 12:30 minute Pm M.

21. I hereby certify that I attended the deceased from Dec 25 1940 to 5-25 1941
that I last saw him alive on 5-24 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 1 yr

Due to

Due to

Other conditions Hypertension
(Include pregnancy within 5 months of death)

Major findings:
Of operations 93

Of autopsy

Duration

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)

(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 W R Melrose (M. D. or other) W R Melrose
Address 243 W Jefferson Date signed 5/26/41

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

3026

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 *John M. Meyer*
Licensed Embalmer No. *3288*
P. O. Address *Birkwood, Ind.*

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.