

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3602**

FILED FEB 3 1942

Registration District No. **127**

Primary Registration District No. **111**

Registrar's No. **207**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(b) City or town **St. Louis, Mo. Park Heights**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
In this community **56 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **COB**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2710 So Grand**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **26**
year **1942** hour **6** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **1-24-42**
to **1-26** 19**42**
that I last saw her alive on **1-26** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis of heart**
Pulmonary edema Duration **4 hrs.**

Due to **myocardial failure**

Other conditions (Include pregnancy within 3 months of death) **A 40**

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) _____
(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) _____
(c) Means of injury _____
While at work? _____
23. Signature **Ed. Kramer** (M. D. or other) **MD**
Address **634 N. Grand** Date signed **1-27-42**

3. (a) PRINT FULL NAME **Evelyn Melise**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (e) Single, widowed, married, divorced, widowed **2**

6. (b) Name of husband or wife **John Melise** 6. (c) Age of husband or wife if alive **Nil** years

7. Birth date of deceased **Sept 8 1895**
(Month) (Day) (Year)

8. AGE: Years **56** Months **4** Days **18** If less than one day .hr. min.

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

10. Usual occupation **Housework**

11. Industry or business **None**

MOTHER FATHER { 12. Name **Louis Schneider**
13. Birthplace **Switzerland** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Switzerland** (City, town, or county) (State or foreign country)

16. (a) Informant **Tom Melise**
(b) Address **Marmaduke Apts.**

17. (a) **Burial** (b) Date thereof **Jan. 28, 1942**
(Burial, cremation, or removal) (City or town) (County) (State) (Day) (Year)
Calvary Cemetery

(c) Place: burial or cremation _____

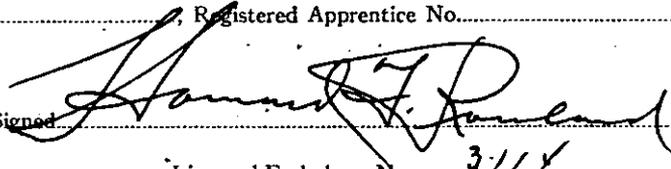
18. (a) Signature of funeral director **Ray Muller**
5041 Delmar Blvd.

(b) Address _____
19. (a) **JAN 27 1942** (b) **Ed. Kramer** (Registrar's signature)

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 
.....
Licensed Embalmer No. 3-114

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, fact should be so stated above.