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12873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 7 1942

1003

Registration District No.

Primary Registration District No.

Registrar's No. 3651

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **27 Days**
(Specify whether 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. **4114 Oregon**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Julia Melter**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **23**,
 year **1942** hour **10:30** minute..... P. M.

21. I hereby certify that I attended the deceased from **March 28**, 19 **42** to **April 23**, 19 **42**,
 that I last saw her alive on **April 23**, 19 **42**,
 and that death occurred on the date and hour stated above.

4. Sex **Female** / 5. Color or race **White**

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

6. (b) Name of husband or wife..... **XX**
 6. (c) Age of husband or wife if alive..... years **28** 18**59**
(Month) (Day) (Year)

Immediate cause of death
arteriosclerosis
Brain tumor
Non-malignant Lobar pneumonia

Duration **3 months**

8. AGE: Years **83** Months **1** Days **25** If less than one day
 hr. min.

Other conditions.....
(Include pregnancy within 3 months of death)

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

10. Usual occupation..... **Housewife**

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

Major findings:
 Of operations.....
 Of autopsy..... **see above**

MOTHER FATHER

11. Industry or business.....

12. Name **Jacob Melter**

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

14. Maiden name **Juliana Hund**

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

16. (a) Informant **Mrs. Ida Tiefenbrun**
 (b) Address **5500a S. Grand**

17. (a) **Burial** (b) Date thereof **4/27/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olive**

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?.....

18. (a) Signature of funeral director **J. J. Bredek**
 (b) Address **3013 Meramec**

19. (a) **24** (b) **J. J. Bredek**
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)
 (c) Means of injury.....

23. Signature **J. J. Bredek** (M. D. or other).....
 Address **1515 Lafayette Avenue**, Date signed **4/24/42**

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

STATEMENT BY LICENSED EMBALMER

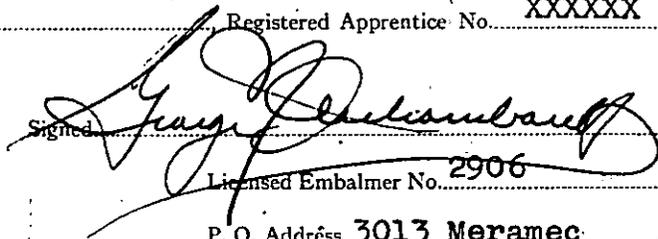
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. **XXXXXX**

working under my personal supervision.

Signed



Licensed Embalmer No. **2906**

P. O. Address **3013 Meramec**

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.