V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16440

FILED JUN 22 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5141

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 600 17 7

(a) State Missouri (b) County

(c) City or town St. Louis, 17 (If outside city or town limits, write "RURAL")

(d) Street No. 4056 Cleveland Avenue (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George J. Melloh

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Louise

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 11, (Day) 1872 (Year)

8. AGE: Years 70 Months 1 Days 0 If less than one day hr. min.

9. Birthplace New Orleans (City, town, or county) La (State or foreign country) 1

10. Usual occupation General Repair

11. Industry or business

FATHER
12. Name John Melloh
13. Birthplace 4 Holland (City, town, or county) (State or foreign country) 18

MOTHER
14. Maiden name Mary Fischer 2
15. Birthplace Germany (City, town, or county) (State or foreign country) 4 11

16. (a) Informant Helen Melloh

(b) Address 4056 Cleveland Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/42 (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul

18. (a) Signature of funeral director John H Gebken Sons

(b) Address 2630 Gravois

19. (a) JUN 13 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1942 hour 5: minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 1942 that I last saw him alive on , 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia; Fracture of left femur; suffered when his cane slipped on wet tile flooring

Due to in vestibule of his repair shop at 2680 California Ave., causing him to

Due to fall to the floor, on June 9th, 1942, about 2:00 P.M.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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: 000

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence June 9th, 1942

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In industrial place (Specify type of place)

While at work? (e) Means of injury 5

23. Signature Thomas F Callans (M. D. or other) 3

Address Deputy Coroner Date signed 12/1/42

(Licensed Embalmer's Statement on Reverse Side)

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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Avenue.

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.