. S. No. 2
DM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26036

State File No. 26036

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7272

234

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Emergency Hosp #13
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: St Louis
(c) City or town: (If outside city or town limits, write "RURAL")
(d) Street No. 3944 Olive St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

600
1917
9

3. (a) PRINT FULL NAME: Edward Melendez
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Abt (Month) (Day) 1910 (Year)

8. AGE: Years	Months	Days	If less than one day
Abt 32			hr. min.

9. Birthplace (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Waiter
11. Industry or business
FATHER 12. Name: Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: James J. Robinson
(b) Address: 1300 Clark
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 8-11-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington
18. (a) Signature of funeral director: W. Hunter
(b) Address: 3500 Rutger St
19. (a) AUG 31 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)
844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1942 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Edema of Brain
Chronic Interstitial Nephritis

Due to:

Due to:

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:
(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)
While at work? (e) Means of injury
23. Signature: Alfred Gleason (M. D. or other)
Address: Department Date signed 8/11/42

(Licensed Embalmer's Statement on Reverse Side)

40

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.....

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.