

LED APR 3 1943 318

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Barnes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 3 days  
In this community..... Life  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3543 Halliday  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... Robert Alfred Melsheimer

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

4. Sex..... Male 5. Color or race..... White  
6. (a) Single, widowed, married, divorced..... Married  
6. (b) Name of husband or wife..... Lena Melsheimer  
6. (c) Age of husband or wife if alive..... 70 years  
7. Birth date of deceased..... October 6, 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 5 22 hr. min.

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

10. Usual occupation..... Retired

11. Industry or business..... Restaurant

12. Name..... Chas. Melsheimer

13. Birthplace..... Germany  
(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..... Lena Melsheimer

(b) Address..... 3543 Halliday

17. (a) Burial (b) Date thereof..... 3 31 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... New St. Marcus Cem

18. (a) Signature of funeral director.....

(b) Address..... 3634 Gravois Ave

19. (a) Date received local registrar..... MAR 29 1943  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... March day..... 28  
year..... 1943 hour..... 1 minute..... 20 A M.

21. I hereby certify that I attended the deceased from.....  
March 18, 1943 to..... March 28, 1943  
that I last saw him alive on..... March 28, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cirrhosis of liver  
Duration

Due to.....  
Due to.....

Other conditions..... Secondary anemia; peritonsillar abscess  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy..... As above

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..... F. R. Bradley (M. D. or D. O.)  
Address..... Barnes Hospital Date signed..... 3-28-43

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

MOTHER FATHER

X44

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**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 Wheeler* .....

Licensed Embalmer No. *2178* .....

P. O. Address..... *St Louis Mo* .....

**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.**