

FILED DEC 29 1943

1003

Registration District No. _____ Primary Registration District No. _____

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:
7820 N. BROADWAY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 YEAR
years, months or days

3. (a) PRINT FULL NAME OTTO MELZER
(b) If veteran, name war NONE
(c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
7. Birth date of deceased Aug. 27 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 14 If less than one day hr. min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation PAINTER

11. Industry or business _____

MOTHER FATHER { 12. Name GUSTAVE MELZER
13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN NEUSTART
15. Birthplace: GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant Gustave Melzer
(b) Address 7820 N. Broadway

17. (a) BURIAL (b) Date thereof DEC. 15 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. JOHN'S CEM.

18. (a) Signature of funeral director Friedrich Emanuel Hanz

(b) Address 8319 S. Hall's Ferry Rd.

19. (a) DEC 14 1943 (b) O. J. Breisch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 7820 N. BROADWAY
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 11
year 1943 hour 7 minutes 50 P. M.

21. I hereby certify that I attended the deceased from Sept 30
1943 to Dec 11 1943
that I last saw him alive on Dec 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to _____

Due to _____

Other conditions Arterio-Sclerosis
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Father J. Bellis (M. D. or other)

Address 3825 1/2 20th Date signed 12-13-43

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

100-111
100-111

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

Arthur R. Dieckhoff

Licensed Embalmer No.

35-56

P. O. Address

St. Louis

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.