

FILED MAY 15 1944

Registration District No. _____

Primary Registration District No. **306-06.1**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Francois
 (b) City or town Farmington RURAL St. Francois
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hospital No. 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 23 days
 (Specify whether
 In this community 47 yrs. in St. Louis Community
 years, months or days)

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. 3313a N. 11th St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Mellman

3. (b) If veteran, name war No
 3. (c) Social Security No. 492-07-2059

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Selma Mellman
 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased May 11 1896
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 11 16 hr. _____ min.

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

10. Usual occupation Bed Assembler

11. Industry or business Bed Spring Co.

MOTHER FATHER { 12. Name Henry Mellman
 { 13. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Katherine Weber
 { 15. Birthplace Granite City Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Selma Mellman

(b) Address 3313a N. 11th St.

17. (a) Burial (b) Date thereof 5-1-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Gardens

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) 5-2-44 (b) James Bohm
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th
 year 1944 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from
April 4, 1944 19 to April 27, 1944 19;
 that I last saw him alive on April 27, 1944, 19;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Syphilitic meningomyelitis
(General Paralysis)

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy No autopsy.
 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 M. J. Taylor (M. D. or other) md
 Address 408 N. 1st St. Date signed 4-29-44

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

1373

RECEIVED 5-13-44

District Health Officer No. 4

District File Number 544-3840

Date Filed 5-13-44

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.....

Alfred J. Boedeker

2663
Licensed Embalmer No. 5934 Alpha

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.