

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

Staff File No. **02550 9431**
Registrar's No. _____

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:
At Home 3423 Illinois Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days _____

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. 3423 Illinois Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Otto Melchior

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 Married
6. (b) Name of husband or wife Lucretia Melchior 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased May 26th 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 5 9 hr. _____ min. _____

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Baker Retired

11. Industry or business _____

12. Name Unknown
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Lucretia Melchior
(b) Address 3423 Illinois Ave
17. (a) Burial (b) Date thereof 11-8-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Ziegenhein Brothers
(b) Address 6409 Grayoia Ave

19. (a) NOV 6 1944 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day November
year 1944 hour 10:45 minute _____ P. _____ M. _____

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

Immediate cause of death Chronic Myocarditis
Due to _____
Due to _____
Other conditions Cirrhosis of liver
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of 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 Robt O'Quinn (M. D. or other)
Address 3665 So. Broadway Date signed 11-6-44

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

MOTHER FATHER

Dr. Williams
3165 D. Broadway
Brooklyn N.Y.

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 *Howard G. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *Orhemia, 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.