

FILED JUN 13 1945

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 64

1. PLACE OF DEATH:

St. Charles  
(a) County  
(b) City or town: St. Charles  
(c) Name of hospital or institution: St. Joseph Hospital  
(d) Length of stay: 3 weeks  
In this community 3 weeks

2. USUAL RESIDENCE OF DECEASED:

Missouri St. Charles  
(a) State (b) County  
(c) City or town: St Charles  
(d) Street No.: 418 South Main Street  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: Mellie Marie Amego

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

4. Sex: female 5. Color or race: white 6. (a) Single, widowed, married, divorced: divorced  
6. (b) Name of husband or wife: James Pittman 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: April 2 1923

8. AGE: Years 22 Months 1 Days 12 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Unionville Missouri

10. Usual occupation: Shoemaker

11. Industry or business: International Shoe Co

12. Name: Antonio Amego

13. Birthplace: Havanna Cuba

14. Maiden name: Acie Worley

15. Birthplace: Unionville Missouri

16. (a) Informant: Tony Amego - brother

(b) Address: Army Radio Station Box 204 removal Alexander, Virginia May 18-1945

17. (a) (b) Date thereof: May 18-1945

(c) Place: burial or cremation: Unionville, Mo.

18. (a) Signature of funeral director: H.C. Dallmeyer & Sons Co

(b) Address: 801 N. 2nd-St. Charles, Mo.

19. (a) 5/16/1945 (b) Emil G. Park

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1945 hour 8:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Apr 20 1945 to May 14 1945 that I last saw her alive on May 14 1945 and that death occurred on the date and hour stated above.  
Immediate cause of death: \_\_\_\_\_

Due to: Broken Compensation

Due to: Rheumatic Heart disease

Other conditions: \_\_\_\_\_

Major findings: 958  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

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? \_\_\_\_\_  
(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: A.P. Eriach, School  
Address: St Charles, Mo. Date signed: 5/16/45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-12-45

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 John E. Dallmeyer  
Licensed Embalmer No. 2951  
P. O. Address St. Charles 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.