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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21335

Primary Registration District No. 3063

Registrar's No. 1530

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Valley Park
(If outside city or town limits, write "RURAL")

(d) Street No. Meramec Station Road
(If rural, give location)

(e) Citizen of foreign country? 1 (XX or No)

If yes, name country

3. (a) PRINT FULL NAME Abraham Mellott

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Sep

6. (b) Name of husband or wife Samamtha Brooks

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased March (Month) 5 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	3	2	hr. min.

9. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation None RETIRED MAIL CARRIER

11. Industry or business None

FATHER
12. Name John Mellott 1
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Lydia Smith
15. Birthplace Clark County (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Asa Mellott(son)
(b) Address Valley Park, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 9 1945 (Month) (Day) (Year)
(c) Place: burial or cremation COULTERVILLE, ILL.

18. (a) Signature of funeral director SCHRADER FUNERAL HOME
(b) Address BALLWIN, Mo

19. (a) JUN 9 1945 (Date received local registrar) (b) E. C. McCauron (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1945 hour 9: minute 40 A.M.

21. I hereby certify that I attended the deceased from May 25th, 1945, to June 7, 1945;
that I last saw him alive on June 7 1945, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia & Hypertensive-arteriosclerotic heart disease — Duration 3 days Sev. yrs.

Due to 93d

Due to

Other conditions Strangulated sight indirect hernia.
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature John J Meagher (M. D. or other) M.D.
Address 601 B rentwood blvd Clayton, Mo. Date signed 6/7/45

(Licensed Embalmer's Statement on Reverse Side)

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.