

FILED APR 29 1948

Registration District No. **377**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Veterans Administration Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Since 4/1/46**
(Specify whether years, months or days) **53 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **12**
(c) City or town **Qulin** (If outside city or town limits, write "RURAL") **0**
(d) Street No. **Route # 1** (If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No) **1**
If yes, name country:

3. (a) PRINT FULL NAME

MELTON, Jesse

3. (b) If veteran, name war

World I

3. (c) Social Security No.

Unknown

4. Sex **Male** **0**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Beulah Melton**

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

7. Birth date of deceased **July 17 1892**
(Month) (Day) (Year)

8. AGE:

Years **53** Months **9** Days **3**

If less than one day
hr. min.

9. Birthplace **Rolla, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

MOTHER FATHER {
12. Name **John Melton**
13. Birthplace **North Carolina** (City, town, or county) (State or foreign country) **1**
14. Maiden name **Martha Mathas**
15. Birthplace **Missouri** (City, town, or county) (State or foreign country) **0**

16. (a) Informant **Clinical Clerk, Vet. Adm. Hosp.**

(b) Address **Jefferson Barracks, Missouri**

17. (a) **Removal** (b) Date thereof **4-21-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Campbell, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **4-22-46** (b) **E. B. McHanna MD**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20**
year **1946** hour **12:20** minute **A** M.

21. I hereby certify that I attended the deceased from **4/1/46** to **4/20/46**
that I last saw him alive on **April 20 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY ARTERIOSCLEROTIC HEART DISEASE, WITH CARDIAC ENLARGEMENT, AURICULAR FIBRILLATION, AND MYOCARDIAL**

Due to **INSUFFICIENCY** **UNK**

Due to **94a**

Other conditions **ARTERIOSCLEROSIS, CEREBRAL WITHOUT MENTAL DETERIORATION OR PSYCHOSIS** **UNK**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **No Operation**
Of autopsy **No Autopsy**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **No**

(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? **L. E. Stilwell** (Specify type of work) (Means of injury) **0**
L. E. STILWELL, M.D. (M. D. or other)

23. Signature **Vet. Adm. Hosp. Jeff. Brks., Mo.** (M. D. or other) **4/20/46**
Address Date signed

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

MAY 27 1946

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 *Elinor R. Padwell*

Licensed Embalmer No. *4077*

P. O. Address.....

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.