

FILED JUN 13 1946  
318

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 4253r N. Broadway  
(d) Length of stay: In hospital or institution. 37 years  
In this community 37 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 4253r N. Broadway  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Mrs. Mary V. Melson

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles Melson 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased August 22 1907  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
38 8 9 hr. min.

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

10. Usual occupation Housework

11. Industry or business

12. Name Thomas Slinkard Mo. 0

13. Birthplace Della Mae Gentry Mo. 0

14. Maiden name Della Mae Gentry Mo. 0

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

16. (a) Informant Mr. Charles Melson  
(b) Address 4253r N. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-46  
(Month) (Day) (Year)  
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Hy. Leidner, U. Co.  
(b) Address 2223 St. Louis Ave.

19. (a) JUN 3 1946 (b) J.F. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31  
year 1946 hour 11:15 minute M.

21. I hereby certify that I attended the deceased from Jan 1946 to Death May 31 1946  
that I last saw her alive on May 31 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism  
Due to Post thrombotic thromb. 2 yr. +

Due to Accidents - specific  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 30  
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?

While at work? (Specify type of place) (c) Means of injury

23. Signature W.A. [Signature] (M. D. or other) [Signature]  
Address 8201 N. Broadway Date signed 6/11/46

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

MOTHER, FATHER

**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 P. Buchholz*  
Licensed Embalmer No. *1674*  
P. O. Address *4223 St. Louis Ave*

**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.**