

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No. 21426

FILED JUN 20 1946

Registration District No. 3/7 Primary Registration District No. 6076 Registrar's No. 1283

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town BADEN
(c) Name of hospital or institution: HALLS FERRY MEMORIAL HOME
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 020
(c) City or town ST. LOUIS 17
(d) Street No. 5087 KENSINGTON 9
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CASSIE MELCHER
3. (b) If veteran, name war NO 3. (c) Social Security No. NO
4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ARTHUR MELCHER 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased FEBRUARY 26 1890 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 8 year 1946 hour 9 minute 20 PM.
21. I hereby certify that I attended the deceased from May 15 1946 to June 8 1946 that I last saw her alive on June 8 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 3 Days 13 If less than one day hr. min.

Immediate cause of death: Chronic Glomerular Nephritis
Due to: Choledocholithiasis & chole cystitis
Other conditions: (Include pregnancy within 3 months of death) 131

9. Birthplace MASON CITY ILLINOIS (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEKEEPER
11. Industry or business OWN
12. Name JAMES ALLEN
13. Birthplace ILLINOIS (City, town, or county) (State or foreign country)
14. Maiden name NANCY ALLEN
15. Birthplace ILLINOIS (City, town, or county) (State or foreign country)
16. (a) Informant Arthur Melcher Jr
(b) Address 5087 Kensington Av
17. (a) BURIAL (b) Date thereof June 18-46 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation LAKEWOOD PARK CEM
18. (a) Signature of funeral director E. J. Schmier
(b) Address 3125 Lafayette Av
19. (a) 6-13-46 (b) E. J. McFarlane (Date received local registrar) (Registrar's signature)

Major findings: 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? (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
Signature: D. Rudora (M. D. or other) 210.
Address: 3758 Central Date signed 6/10/46

(Licensed Embalmer's Statement on Reverse Side)

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

20295

16
0
0

1981-2-28

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 Joe B. Vollmer
Licensed Embalmer No. 4014
P. O. Address St Louis 40114

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.