

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1223

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
#7 Greendale Drive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2-Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 7-Greendale Drive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ella Melton

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife John D. 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Dec 28 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 5 If less than one day hr. _____ min.

9. Birthplace Henderson Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph B. Crane
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Maggie Morrison
15. Birthplace Ladoga Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Harley F. Melton
(b) Address 7-Greendale Dr-Normandy, Mo.
17. (a) Burial (b) Date thereof 6-5-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Blaugman Bros Inc.
(b) Address 2504-Woodson Rd Overland, Mo.

19. (a) 6-5-46 (b) E.S. McDevan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1946 hour 3 minute 25 A. M.

21. I hereby certify that I attended the deceased from May 31, 1946, to June 2, 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 Cerebral Apoplexy

Due to Hypertension?
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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) (e) Means of injury 1

23. Signature C. E. Sterling MD (M: D. or other) MD
Address 2050 North & South Rd Date signed 29 June 46

Duration 24 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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20296

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..... *Harold K. Braun*
Licensed Embalmer No..... *4337*
P. O. Address..... *Overland, 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.