

State File No. _____
 Registrar's No. 265

Registration District No. 306 Primary Registration District No. 6048

1. PLACE OF DEATH:
 (a) County St. Charles County
 (b) City or town O'Fallon
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Institute 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 69 years (Specify whether
 In this community 69 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Charles Co.
 (c) City or town O'Fallon
 (If outside city or town limits, write "RURAL")
 (d) Street No. St. Mary's Institute
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Sister M. Josepha Melein
 3. (b) If veteran, name war No 3. (c) Social Security No. None
 4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased October 27 1859
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 19
 year 1946 hour _____ minute 8:30 P.M.
 21. I hereby certify that I attended the deceased from June 31 to Oct. 19 1946
 that I last saw her alive on Oct. 17 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Duration 2 weeks
 Due to Incarcerated hernia 2 weeks
 Due to _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

8. AGE: Years 86 Months 11 Days 22 If less than one day _____ hr. _____ min.
 9. Birthplace Bellville, Illinois
 (City, town, or county) (State or foreign country)
 10. Usual occupation Teacher
 11. Industry or business _____
MOTHER { 12. Name Jacob Melein
 13. Birthplace New Orleans, Louisiana
 (City, town, or county) (State or foreign country)
 14. Maiden name Katherine Bernick
 15. Birthplace Lorraine, France
 (City, town, or county) (State or foreign country)
FATHER { 16. (a) Informant Dr. M. Cosman, CRP.
 (b) Address O'Fallon, Missouri
 17. (a) Burial (b) Date thereof 10, 22-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation O'Fallon, Mo.
 18. (a) Signature of funeral director H. C. Dallmeier + Son
 (b) Address 800 N. 2nd - St. Charles Mo.
 19. (a) 10-23-46 (b) E. A. Reuther
 (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)
 Means of injury _____
 23. Signature Nicholas J. Horvath (M. D., coroner)
 Address O'Fallon, Mo. Date signed 10/19/46

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

33383

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11/14/46

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 Joseph F Landset
Licensed Embalmer No. 4189

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.