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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11271

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2742**

1. PLACE OF DEATH:

(a) County.....

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5572 Enright
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
50 years (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Christina S. Melvin

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 Widow

6. (b) Name of husband or wife Walter T.

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

7. Birth date of deceased Feb (Month) 7th (Day) 1859 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>1</u>	<u>6</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John Schlager

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

14. Maiden name Margaret Preis

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

16. (a) Informant John A. Melvin

(b) Address 5572 Enright

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3-15-47 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar

19. (a) MAR 14 1947 (Date received local registrar)

(b) J. H. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5572 Enright
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1947 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from 12-24-28
3-10-47, 19, to 3-10-47, 19,
that I last saw her alive on 3-10-47, 19,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
manic depressive insanity

Duration 10 yrs

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

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) (a) Means of injury

23. Signature Walter B. ... (M. D. or other)

Address 6635 Delmar Date signed 3-14-47

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 *Thomas R. Demwik*

Licensed Embalmer No. *3793*

P. O. Address *6175 Helman*

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.