

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 5 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19151

Registration District No. Primary Registration District No. 1003 Registrar's No. 5196

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:
City Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Weeks
(Specify whether
In this community
years, months or days)

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. 3423 Illinois Ave.
24 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Lucretia Melchior
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Otto
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 7 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 16 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name John Kline

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Lucretia Dickson

15. Birthplace Georgia 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lucretia Sprich

(b) Address 5535a Tennessee Ave.

17. (a) Burial (b) Date thereof 5/26/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Moramec St.

19. (a) MAY 26 1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23,
year 1947 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from
to
that I last saw h. alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
Fracture of Right Femur; Arteriosclerosis; when she slipped and fell to the floor in her home on Marbh 2nd, 1947, about 2:30 P.M.

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:
(c) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence March 2nd, 1947
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home

While at work? (Specify type of place)
(e) Means of injury
23. Signature J. F. Bredek (M. D. or other)
Address St. Louis Date signed 5/26/47

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4249

P. O. Address. 2842 Meramec St.

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.