

FILED NOV 3 1947

318

Registration District No.

1003

State File No.

9639

Registrar's No.

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.....  
**Enroute to City Hospital 3**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**  
(c) City or town..... **St. Louis** **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... **2412 S. 11th Street** **9**  
**23-** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... **JOSEPH MELKES**

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex..... **Male O** 5. Color or race..... **White** 6. (a) Single, widowed, married, divorced..... **Married**  
6. (b) Name of husband or wife..... **Anna Melkes** 6. (c) Age of husband or wife if alive..... **73** years  
7. Birth date of deceased..... **About 1874**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**About 73** hr. min.

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

10. Usual occupation..... **Shoe Worker (Retired)**

11. Industry or business.....

MOTHER FATHER

12. Name..... **(Unknown) Melkes**

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

14. Maiden name..... **Unknown**

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

16. (a) Informant..... **Mrs Emily Petras**  
(b) Address..... **2412 S. 11th Street**

17. (a) **Burial** (b) Date thereof..... **Oct. 20-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... **St. Matthew Cemetery**

18. (a) Signature of funeral director..... **Mydell**  
(b) Address..... **1926 Allen Avenue**

19. (a) **OCT 20 1947** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **October 16** day..... **16th**  
year..... **1947** hour..... **Abt. 6** minute..... **40 P.** M.

21. I hereby certify that I attended the deceased from..... 19....., to..... 19.....;  
that I last saw h..... alive on..... 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Cerebral Angiopathy**

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

PHYSICIAN  
Underline the cause of 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.....

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..... **3**

23. Signature..... **Patrick P Taylor** (M. D. or other)

Address..... **Deputy Coroner** Date signed..... **10-20-47**

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

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.....

**Not Embalmed**

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Benj. C. Duncan*

..... Licensed Embalmer No. **2272**.....

P. O. Address..... **1926 Allen Avenue**.....

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.