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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1948

Registration District No. 182

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5594

State File No. 16786

Registrar's No. 27

**1. PLACE OF DEATH:**

(a) County JEFFERSON MERAMEC TWSHIP

(b) City or town RURAL — 4MI. EAST OF HOUSE SPRING
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: FOUR RIDGE ROAD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 3 DAYS
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jefferson

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

(d) Street No. 382Ia Maffitt Ave.
(If rural, give location)

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

If yes, name country

**3. (a) PRINT FULL NAME** ARTHUR W. MELZER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 7

6. (b) Name of husband or wife

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

7. Birth date of deceased JUNE (Month) 8 (Day) 1896 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 5I | II | 0 | hr. min. |

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

10. Usual occupation Photographer

11. Industry or business Owner

FATHER
12. Name Dan Melzer
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant W.E.Clark

(b) Address 49I2 Farlin Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/II/48 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Sullivan Funeral Dir.

(b) Address 2849 North Euclid Ave.

19. (a) May 10 48 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 8th.
year 1948 hour 10.45 minute 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 Verdict of Jury.

Due to Death by his own hand

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 5/8/48

(c) Where did injury occur? On 4 Ridge Road (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On public Road
(Specify type of place)

While at work? (e) Means of injury

23. Signature T. B. Edwards (M. D. or other) Coroner

Address Cedar Hill Mo Date signed 5/8/48

(Licensed Embalmer's Statement on Reverse Side)

Philip J. Kirk #61
Arnold
Ohio

SEP 20 1949

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 18 1948

MAY 25 1948

MAY 19 1948

**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 Robert L. Brinkman

Licensed Embalmer No. 3553

P. O. Address St Louis, 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.**