No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31658

FILED OCT 4 1948

Registration District No. 3487

Primary Registration District No. 6076

Registrar's No. 2136

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Mount St. Rose (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County

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

(d) Street No. 4727 Michigan (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARY MELSHEIMER

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 Widowed

6. (b) Name of husband or wife Robert

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

7. Birth date of deceased JAN (Month) 30 (Day) 1903 (Year)

8. AGE: Years 45 Months 8 Days 12 If less than one day hr. min.

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

10. Usual occupation NONE

11. Industry or business NONE

FATHER
12. Name August Hautmann
13. Birthplace St Louis (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name Mary Denzl
15. Birthplace St Louis (City, town, or county) MO (State or foreign country)

16. (a) Informant Robert Melsheimer
(b) Address 4727 Michigan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 15-48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Collins Kelly
(b) Address 4356 Lindell

19. (a) 9-13-48 (Date received local registrar) (b) Geo. A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1948 hour 6:10 minute P.M.

21. I hereby certify that I attended the deceased from May 3 May 3, 1948, to 9-11-48, 1948 that I last saw him alive on 9-11-48, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	4 yrs?
Pulmonary tuberculosis	4 yrs
Due to —	
13	
Due to ✓	
Generalized amyloidosis	
Other conditions (Include pregnancy within 3 months of death) Gen. amyloidosis ?	
Broncho pleural fistula	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Arthur K. Friskel (M. D. or other) M.D.

Address 1101 S. Bdwy Date signed 9-13-48

(Licensed Embalmer's Statement on Reverse Side)

OCT 4 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 J. Allen Davis Jr.

Licensed Embalmer No. 4058

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.