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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 8 1948
Registration District No. **318**

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38439**
10344
Registrar's No. _____

Primary Registration District No. **1003**

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

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Nicholas E. Meletio
3. (b) If veteran, _____ **3. (c) Social Security No.** _____
name war _____

4. Sex male **5. Color or race** white
6. (a) Single, widowed, married, 2 divorced widowed
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
Frieda Block Meletio alive _____ years
7. Birth date of deceased December 6, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 11 20 _____
hr. min.

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

10. Usual occupation Merchant

11. Industry or business Retired

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Miss Ester C. Meletio

(b) Address Robertson, Missouri

17. (a) burial **(b) Date thereof** 11/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frieden's Cemetery

18. (a) Signature of funeral director Drehmann-Harral

(b) Address NOV 29 1948 1905 Union Blvd

19. (a) _____ **(b)** J. B. Lasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Robertson
(If outside city or town limits, write "RURAL")
(d) Street No. 81st Road
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th
year 1948 hour 5:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 22 1948 to Nov. 26 1948
that I last saw him alive on Nov. 26 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____
ruptured heart with coronary thrombosis
Due to _____
Due to _____

Other conditions chr. gastric ulcers
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy as above

Duration _____
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 Nov
(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)
(e) Means of injury _____

23. Signature J. B. Lasater (M. D. or other) J. B.
Address 2616 Robertson Date signed 11-30-48

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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.