

FILED NOV 17 1950

STANDARD CERTIFICATE OF DEATH

State File No. 38830

BIRTH NO. 69,599-5A REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9316

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ste. Genevieve</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Ste. Genevieve 0951</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>589 N. Main St.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Linda</u> b. (Middle) <u>Kay</u> c. (Last) <u>Melcher</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2, 1950</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Oct. 14, 1950</u> |
| 9. AGE (In years last birthday) <u>18</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | 11. BIRTHPLACE (State or foreign country) <u>Ste. Genevieve, Mo.</u> |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

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| 13a. FATHER'S NAME <u>Anthony Melcher</u> | 13b. MOTHER'S MAIDEN NAME <u>Loretta Sadler</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Loretta Melcher, Ste. Genevieve, Mo.</u> |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES <u>Undetermined</u> DUE TO (b) <u>Undetermined</u> DUE TO (c) | | |
| | II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>795.5</u> |

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 12:50 m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Patricia E. Taylor</u> (Degree or title) <u>Coroner</u> | 23b. ADDRESS <u>1300 Clark</u> | 23c. DATE SIGNED <u>11-2-50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>11-2-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u> | 24d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>NOV 2 1950</u> | REGISTRAR'S SIGNATURE <u>J. H. Foster</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

me

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

working under my personal supervision.

Student Embalmer No.....

Signed Elton R. Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

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.