

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42597**
Registrar's No. **9204**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9204			
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE MISSOURI				b. COUNTY ST. LOUIS 4336	
b. CITY (If outside corporate limits, write RURAL and give town or town)		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS			
ST. LOUIS		12 days		UNIVERSITY CITY		6931 PERSHING AVE;			
d. FULL NAME OF HOSPITAL OR INSTITUTION DE PAUL HOSPITAL				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)			a. (First)		b. (Middle)		c. (Last)		
WILLIAM			AUGUST		MELETIO.		4. DATE OF DEATH (Month) (Day) (Year)		
OCT. 27 1950			5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.		
8. DATE OF BIRTH Nov 4, 1874.			9. AGE (In years last birthday) 75.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chrman of Board & Pres. Sea Food Co.,		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri. 0		
12. CITIZENSHIP OF WHAT COUNTRY U.S.A.			13a. FATHER'S NAME George S. Meletio.		13b. MOTHER'S MAIDEN NAME Julia Roi.		14. NAME OF HUSBAND OR WIFE Sarah E. Meletio.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.			16. SOCIAL SECURITY NO. 494-05-0600.		17. INFORMANT'S SIGNATURE OR NAME Mrs W. A. Meletio, 6931 Pershing Ave.,				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BILATERAL LOBAR PNEUMONIA					INTERVAL BETWEEN ONSET AND DEATH 1 week	
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostate Hypertrophy					?	
			DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
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) No		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? 16:10:1X					
22. I hereby certify that I attended the deceased from Oct 16, 1950 , to Oct 27, 1950 , that I last saw the deceased alive on Oct 27, 1950 , and that death occurred at 10 P.m. , from the causes and on the date stated above.									
23a. SIGNATURE J. H. Trumelovsky M.D.			23b. ADDRESS 986 Meade Bldg.			23c. DATE SIGNED 10-28-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial... 1)		24b. DATE 10/31/50.		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.			
DATE RECEIVED BY LOCAL REG. OCT 30 1950			REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons: 7233 Delmar Blvd.,				

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Arnold W. Schoene

Signed.....
Student Embalmer

Licensed Embalmer No. *3864*

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.