

FILED SEP 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31698**  
Registrar's No. **6751**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>5 Weeks</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>OR TOWN Richmond Heights</b>		<b>4506</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>1087 Terrace Drive</b>		
3. NAME OF DECEASED (Type or Print) <b>EMMA</b>		a. (First)	b. (Middle)	c. (Last) <b>MELLINGER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 25, 1951</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Nov. 14, 1861</b>	9. AGE (In years last birthday) <b>89</b>	# UNDER 1 YEAR Months <b>8</b> Days <b>11</b>
# UNDER 2 MRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Ed Bartold</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Alphonse Mellinger</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Edward Mellinger, Richmond Hts</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia - bronchial</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fractured rt. hip</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>General senility</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days?</b>
19a. DATE OF OPERATION <b>6-22-51</b>	19b. MAJOR FINDINGS OF OPERATION <b>Fracture rt. hip 129 E9030</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Fell at home</b>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Richmond Hts. Mo. St. Louis County</b>	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6-18-51 6:30 p.m.</b>		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Slipped on floor in her kitchen</b>				
22. I hereby certify that I attended the deceased from <b>6-5, 1951</b> , to <b>7-25, 1951</b> , that I last saw the deceased alive on <b>7-23, 1951</b> , and that death occurred at <b>7A</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>[Signature]</b>			(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>7158 Monahan, St. Louis, Mo.</b>	23c. DATE SIGNED <b>7-25-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/27/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>JUL 28 1951</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Louis H. Bopp, Inc., Kirkwood, Mo.</b>		

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

6751  
1929

---

---

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.....

*Felix Hurand*

Signed.....

Student Embalmer

Licensed Embalmer No. 3034

P. O. Address. Kirkwood 22 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.