

FILED OCT 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32833
State File No.

164

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

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>353</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) township: <u>32 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau 0164</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>535 Themis Street</u>				d. STREET ADDRESS (If rural, give location) <u>535 Themis Street 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederick</u>		b. (Middle) <u>Herman</u>		c. (Last) <u>Melzer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21, 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 21, 1876</u>	
9. AGE (In years last birthday) <u>75</u>		if UNDER 1 YEAR Months <u>6</u> Days <u>0</u>		if UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lutheran Church</u>		11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Henry F. Melzer</u>		13b. MOTHER'S MAIDEN NAME <u>Regina Russert</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Walter Melzer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Melzer Steelville, Mo.</u>			
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) <u>Melanotic Carcinoma of Brain Lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of rectum</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr 3 1/2 yrs.</u>	
19a. DATE OF OPERATION <u>March 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rectum</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March</u> , 19 <u>48</u> , to <u>21 Oct</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10 Oct</u> , 19 <u>51</u> , and that death occurred at <u>10:40 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. W. Ashley, Jr. M.D.</u>				23b. ADDRESS <u>Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>23 Oct 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 24, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-23-51</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John</u>		ADDRESS <u>Cape Girardeau, Mo.</u>	

DEC 11 1951

RECEIVED

OCT 29 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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.

Student
Student Embalmer

Signed

[Handwritten Signature]

Licensed Embalmer No. 3870

P. O. Address

[Handwritten Address: Cape Girardeau, 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.