

No. 300  
10-48

FILED MAR 19 1952

# STANDARD CERTIFICATE OF DEATH

State File No. **11141**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069** Registrar's No. **432**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		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>Richmond Heights</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>46 Clayton 4216 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>6612 Alamo 1</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Louis</b>	b. (Middle)	c. (Last) <b>Melsheimer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2 16 52</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>MAY 18, 1877</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>8</b>	IF UNDER 24 HRS. Days <b>28</b>	IF UNDER 60 MIN. Min.
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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>Photo Engraver</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>CHARLES Melsheimer</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>LAURA Melsheimer</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY (If yes, give war or dates of service) <b>490-01-6896</b>	17. INFORMANT'S SIGNATURE OR NAME <b>LAURA Melsheimer</b>	ADDRESS <b>6612 Alamo</b>
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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) <b>cerebral hemorrhage</b>		<b>19 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Arteriosclerosis general estimated</b>		<b>10 yrs</b>
	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 <b>331X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **1/28, 1952**, to **2-16-52**, 19**52**, that I last saw the deceased alive on **2-16-52**, 19**52**, and that death occurred at **11 55p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>CH Bockelman</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>22615 Brentwood Blvd.</b>	23c. DATE SIGNED <b>2-17-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>2/19/62</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-18-52</b>	REGISTRAR'S SIGNATURE <b>Herbert J. Dunkel</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert J. Ambruster Inc.</b> ADDRESS <b>6633 Clayton-Rd.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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.....

*Ernest W. Spillers*

Signed.....

Student Embalmer

Licensed Embalmer No.....

*4080*

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.