

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
0884

FILED FEB 3 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 22 Days		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) 12 376 Walton Ave.	
3. NAME OF DECEASED (Type or Print) Duncan		4. DATE OF DEATH (Month) (Day) (Year) Jan. 24, 1953	
a. (First) b. (Middle) c. (Last) G. Mellier			
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. ✓	8. DATE OF BIRTH Sept. 5, 1882
9. AGE (In years last birthday) 70		10. UNDER 1 YEAR 4	11. UNDER 12 HRS. 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mgr. Western Div. Phillip Morris Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Albin Mellier		13b. MOTHER'S MAIDEN NAME Laura Taylor	
14. NAME OF HUSBAND OR WIFE Mrs. Adrian Mellier			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. not known	
17. INFORMANT'S SIGNATURE OR NAME Miss Ida C. Mellier		ADDRESS 376 Walton 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) during the underlying cause last. DUE TO (b) <u>Carcinoma of</u> DUE TO (c) <u>Lungs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio-sclerosis</u>	
INTERVAL BETWEEN ONSET AND DEATH 3 days 6 mox 10yr.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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? 163X			
22. I hereby certify that I attended the deceased from Jan 1, 1953, to Jan 24, 1953, that I last saw the deceased alive on Jan 24, 1953 and that death occurred at 9:24 pm., from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. W. H. ...</u>		23b. ADDRESS 495 Maryland	
23c. DATE SIGNED 1/26/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 27, 1953	
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JAN 26 1953		REGISTRAR'S SIGNATURE <u>Carl Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Connelly</u>		ADDRESS 3840 Lindell 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4699

P. O. Address [Signature]

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.