

FILED MAR 20 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12628**  
Registrar's No. **759**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>541</b>		Registrar's No. <b>759</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. LENGTH OF STAY (In this place) <b>D.D.A.</b>		c. CITY OR TOWN <b>Summerfield</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>County Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>Rural Route 8120</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b>		b. (Middle) <b>Ann</b>		c. (Last) <b>Melton</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3-7-53</b>	
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>1-19-1883</b>	
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE* (City and State or Foreign Country) <b>Summerfield, Ill.</b>			
13a. FATHER'S NAME <b>Jacob Meiner</b>		13b. MOTHER'S MAIDEN NAME <b>unknown Dagger</b>		14. NAME OF HUSBAND OR WIFE <b>T. Melton</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>A. Baer, Summerfield, Ill.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>unknown natural causes</b>					INTERVAL BETWEEN ONSET AND DEATH <b>sub</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  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		7955		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Herbert R. Domke</b> (Name or title) <b>Herbert R. Domke, M.D., Local Registrar</b>				23b. ADDRESS <b>651 S. Brentwood Blvd.</b>		23c. DATE SIGNED <b>3/10/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>3-8-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>+</b>		24d. LOCATION (City, town, or county) (State) <b>O'Fallon, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>3-9-53</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Domke - M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wolfsberger F.H., O'Fallon, Ill.</b>			

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

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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 ....., Student Embalmer No..... working under my personal supervision..

No. \_\_\_\_\_  
Student.....  
Signature of Student Embalmer

Signed *Bernard*.....

Licensed Embalmer No. *4368*.....

P. O. Address *Home no*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.