

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39027  
State File No. 10333  
Registrar's No. 10333

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u> )		a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
c. LENGTH OF STAY (In this hospital or townships) <u>4 1/2</u>		c. CITY OR TOWN <u>Pine Lawn</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		STREET ADDRESS (If rural, give location) <u>4008 Oakwood</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Jack</u>	b. (Middle) <u>Edward</u>	c. (Last) <u>Melano III</u>	<u>Nov. 13, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>—</u>	8. DATE OF BIRTH <u>Aug. 12, 1953</u>		9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR <u>3</u> MONTHS <u>7</u> DAYS <u>1</u> HOUR <u>—</u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Long Beach, Cal.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Jack Edward Melano</u>	13b. MOTHER'S MAIDEN NAME <u>Grace Ellerbrook</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace Melano</u> ADDRESS <u>4008 Oakwood</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus, Congenital</u>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Operation for Pleurothelial anastomosis</u> DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pylonephritis</u>		INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Myelomeningocele</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g. home or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>751X</u>
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22. I hereby certify that I attended the deceased from 10-8, 1954, to 11-13, 1954, that I last saw the deceased alive on 10-13, 1954, and that death occurred at 1:38 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. Smith M.D.</u> (Degree or title)	23b. ADDRESS <u>St. Lukes Hosp. 1300</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>NOV-15-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL GARDENS</u>
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY - MO</u>		

DATE REC'D BY LOCAL REG. <u>NOV 15 1954</u>	REGISTRAR'S SIGNATURE <u>Chas. Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Tanner</u> ADDRESS <u>6107 Natural Bridge</u>
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WRITE PLAINLY—USING UNEADING 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..

Student.....  
Signature of Student Embalmer

Signed *John J. Haines*.....

Licensed Embalmer No. *410*.....

P. O. Address *St. Louis*.....

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.