

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39028**  
Registrar's No. **10349**

FILED NOV 22 1954

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MISSOURI</b>		c. CITY OR TOWN <b>St. Louis</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>BARNES HOSPITAL</b>		STREET ADDRESS (If rural, give location) <b>6626 Alabama Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>SAMUEL</b> b. (Middle) <b>(NMI)</b> c. (Last) <b>MELLOW</b>	4. DATE OF DEATH <b>November 13, 1954</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 7-1867</b>
9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Core Maker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Mellow Foundry</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Cornwall, England</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>?</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline</b>	14. NAME OF HUSBAND OR WIFE <b>Bertie Mellow</b>
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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>489-14-0812</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bertie Mellow</b>	ADDRESS <b>6626 Alabama Ave.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>7 yrs.</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Prostate</b>		with metastases		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>177X</b>

22. I hereby certify that I attended the deceased from **10-18-**, 19**54**, to **11-13-**, 19**54**, that I last saw the deceased alive on **11-13-**, 19**54**, and that death occurred at **5:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>G. J. Vermillion M.D.</i>	23b. ADDRESS <b>BARNES HOSPITAL</b>	23c. DATE SIGNED <b>11-13-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11-16-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lemay 23 Missouri</b>
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DATE REC'D BY LOCAL REG. <b>NOV 15 1954</b>	REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Fendler Und. Co., 7420 Michigan Ave.</b>	ADDRESS
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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.....

*W. G. Peterson*

Licensed Embalmer No. *376*

P. O. Address *7420 Main*

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.