

STANDARD CERTIFICATE OF DEATH

State File No. 2858
0409

FILED FEB 10 1955		BIRTH NO. 10955-55		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 0409	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson V109			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital 0			d. STREET ADDRESS (If rural, give location) 5 Dadebridge Court				
3. NAME OF DECEASED (Type or Print) a. (First) Carol		b. (Middle) Sue		c. (Last) Mellis		4. DATE OF DEATH (Month) (Day) (Year) Jan. 14, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 0		8. DATE OF BIRTH Jan. 11, 1955	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William F. Mellis, Jr.			13b. MOTHER'S MAIDEN NAME Gertrude Hanke		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. Mellis, Jr., 5 Dadebridge Ct.			
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) Sclerema of newborn ANTECEDENT CAUSES Immaturity 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR? 7735	
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"/>					
22. I hereby certify that I attended the deceased from 1-11-1955, to 1-14-1955, that I last saw the deceased alive on 1-14-1955, and that death occurred at 8:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Robert L. Korn M.D. (Degree or title)			23b. ADDRESS 6342 Grand		23c. DATE SIGNED 1/15/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/15/55		24c. NAME OF CEMETERY OR CREMATORY St. Pauls Churchyard		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. JAN 15 1955		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PROVEST UND. CO., 3710 No. Grand Bl			

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Stanley H. Dixon

Licensed Embalmer No. *4193*

P. O. Address _____

St L

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.