

FILED FEB 25 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

6457

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1104

| | | | | | | | |
|--|---------------------------|---|--|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Saint Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hosp. | | | Length of stay in lb 64 Yrs | | d. STREET (If outside, give location) ADDRESS 2917 St. Louis Ave., | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last GEORGE A. MELLIES | | | | 4. DATE OF DEATH Month Day Year Feb. 1st, 1957 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH June 25th, 1874 | | 9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician & Surgeon | | 10b. KIND OF BUSINESS OR INDUSTRY Medical Prof. | | 11. BIRTHPLACE (City and state or country) Wollam, Gasconade Cty. Mo | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Ernest Mellies | | | | 14. MOTHER'S MAIDEN NAME Wilhelmina Aufterheide | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 1 | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Address Miss Irene Treske, 2917 St. Louis Avenue, | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ARTERIOSCLEROTIC HEART DISEASE WITH DECOMPENSATION</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>CARCINOMA OF COLON</u> <u>420.0 H</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 YRS. |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from <u>1952</u> to <u>2/2/57</u> and last saw ^{her} _{him} alive on <u>2/3/57</u> Death occurred at <u>6:55A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Henry J Cooper MD</u> | | | | 22b. ADDRESS <u>815 Olive</u> | | 22c. DATE SIGNED <u>2/2/57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 2/4/57 | 23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | |
| 24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, Missouri | | | | 25. DATE RECD. BY LOCAL REG. FEB 4 '57 | | 26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> m 23 | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

MAR 15 1957

MAR 26 1957

File in City
11 to 3:30 PM. Sat

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 A. Miller*
Licensed Embalmer No. 41

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.