Health, & Welfare Public Service

S. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15035

STATE FILE NUMBER 2658

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

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Lukes Hosp. — Length of stay in 1b: 1 month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis

c. CITY OR TOWN: Normandy 4181 — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 3083 Bellerive Dr. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Selina Middle: M. Last: Mellis

4. DATE OF DEATH: Month 3 Day 16 Year 57

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 2

8. DATE OF BIRTH: May 1, 1887

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): St. Louis, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Vollmer

14. MOTHER'S MAIDEN NAME: Caroline Rahnfeld

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mr. S. D. Caldwell, Address: 3083 Bellerive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Primary carcinoma of the liver — INTERVAL BETWEEN ONSET AND DEATH: 2/20/57

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized metastatic carcinoma
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 155x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 2/20/57, to 3/17/57 and last saw her/him alive on 3/17/57
Death occurred at 5:00 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: G. L. Krause (Degree or title) M.D. 0

22b. ADDRESS: 3720 Washington Blvd. (8)

22c. DATE SIGNED: 3/18/57

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 3/19/57

23c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County Mo.

24. FUNERAL DIRECTOR: Drehmann-Harral ADDRESS: 1905 Union

25. DATE RECD. BY LOCAL REG.: MAR 18 '57

26. REGISTRAR'S SIGNATURE: J. Carl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

Dr. G. Lynn Krause
3720 Washington
Je. 3-6111

Hrs. 2:30 - 4:30 today
3/18

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Warren A. Carson

Licensed Embalmer No. 3.5.

P. O. Address .....

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