Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 10 1958

58-007562
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1480

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, give TOWNSHIP only) OR TOWN St. Louis, Mo. Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Affton 4820 Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 22 St. Anthonys Hosp. Length of stay in Ib	d. STREET ADDRESS (If outside, give location) 27 9542 Mt. Brook Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First John Middle J. Last Meilink

4. DATE OF DEATH Month Feb. Day 6 Year 1958

5. SEX male

6. COLOR OR RACE white

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF DEATH Sept. 20, 1913

9. AGE (In years last birthday) 44 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) Office

10b. KIND OF BUSINESS OR INDUSTRY Phelan Faust Paint Co.

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

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Meilink

13b. MOTHER'S MAIDEN NAME Minnie Norrenburns

14. NAME OF HUSBAND OR WIFE Olive Meilink

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

16. SOCIAL SECURITY NO. Unk.

17. INFORMANT Affton 23, Mo. Address Olive Meilink 9542 Mt. Brook,

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Metastatic Carcinoma	2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Carcinoma of the Lung (Right)	3 months
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 163x

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 1/15/58, to 2/6/58 and last saw her/him alive on 2/6/58
Death occurred at 1110 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. Benjamin M.D. (Degree or title)

22b. ADDRESS 7430 Virginia Avenue

22c. DATE SIGNED 2-8-58

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

23b. DATE 2-10-58

23c. NAME OF CEMETERY OR CREMATORY Mt. Hope

23d. LOCATION (City, town, or county) (State) Lemay, Mo.

24. FUNERAL DIRECTOR Southern Funeral Home ADDRESS 6322 S. Grand

25. DATE RECD. BY LOCAL REG. FEB 8 '58

26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.R.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be noted. All diseases in Part I must be causally related.

Dan Benjamin

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 David Van Fossa

Licensed Embalmer No. 4242

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.