

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015415  
State File No. ....

FILED APR 21 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 92

09205

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

|   |  |   |                                       |
|---|--|---|---------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST. CHARLES</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u> |                                       |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CHARLES RURAL</u> |  | c. LENGTH OF STAY (In this place) <u>3 YEARS</u>  | c. CITY OR TOWN <u>ST. LOUIS 2209</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EVANGELICAL EMMAUS HOME</u>                                |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>             |                                       |
| e. STREET ADDRESS (If rural, give location) <u>2917 ST. LOUIS AVENUE</u>                              |  |   |                                       |

|   |  |
|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>DOROTHEA</u><br>b. (Middle) <u>—</u><br>c. (Last) <u>MELLIES</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>APRIL 10, 1958</u> |
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|                      |                               |   |                                      |   |  |  |
|----------------------|-------------------------------|---|--------------------------------------|---|--|--|
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>AUG. 1, 1876</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR: Months _____ Days _____ | IF UNDER 24 HRS.: Hours _____ Min. _____ |
|----------------------|-------------------------------|---|--------------------------------------|---|--|--|

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|--|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>WILLIAM KEMPER</u> | 13b. MOTHER'S MAIDEN NAME <u>MARY BERGMAN</u> | 14. NAME OF HUSBAND OR WIFE <u>DR. GEORGE A. MELLIES</u> |
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|  |                                     |  |
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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) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Therese Stankin</u> ADDRESS <u>ST. CHARLES, MO.</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |              | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>  |              | <u>5 yr</u>                      |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis Generalized</u> |              | <u>20 yr</u>                     |
| DUE TO (c) <u>mental Semility</u>   |   | <u>10 yr</u> |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |              |                                  |

|                        |  |  |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT (Specify) <u>SUICIDE</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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|   |  |                            |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from Nov 1957 to April 1958, that I last saw the deceased alive on April 9, 1958, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

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|--|-------------------------------------|--|
| 23a. SIGNATURE <u>William H. Roggenier</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>St Charles, Mo.</u> | 23c. DATE SIGNED <u>April 11, 1958</u> |
|--|-------------------------------------|--|

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|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4/14/58</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co. Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>APR. 11-58</u> | REGISTRAR'S SIGNATURE <u>Mareecea Wilson</u> | 25. GENERAL DIRECTOR'S SIGNATURE <u>Arthur C. Brown</u> ADDRESS <u>St Charles Mo.</u> |
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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 *Arthur C. Jones*.....

Licensed Embalmer No. *2151*

P. O. Address *St. Charles*

**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.**