

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024174

STATE FILE NUMBER

FILED JUL 11 1958

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

1638

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Velda X Village</b>		c. CITY OR TOWN <b>Velda Village</b> <b>4160</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6521 Woodrow Ave</b>		d. STREET ADDRESS (If outside, give location) <b>6521 Woodrow Ave</b>	
Length of stay in 1b <b>18 Yrs</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>JULIUS E. MELOY</b>			4. DATE OF DEATH Month <b>JUNE</b> Day <b>16</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 22, 1895</b>	9. AGE (In years last birthday) <b>62</b> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tavern Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed Tavern</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis Mo.</b>	
13. FATHER'S NAME <b>Thomas E. Meloy</b>			14. MOTHER'S MAIDEN NAME <b>Julia V. Mooney</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. I</b>		16. SOCIAL SECURITY NO. <b>493-03-6385</b>		17. INFORMANT Address <b>Mrs. Loretta Meloy 6521 Woodrow Ave</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ARTERIOSCLEROTIC HEART DISEASE.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 YRS.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>4200</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>CHRONIC PANCREATITIS &amp; DIABETES MELLITUS.</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 **APR 17, 1951** to **JUNE 16, 1958** and last saw <sup>her</sup>him alive on **JUNE 4, 1958**  
Death occurred at **JUNE 16, 1958** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Robert E. Koch M.D.</b>	22b. ADDRESS <b>35 N. Central</b>	22c. DATE SIGNED <b>6-18-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/19/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Calvin F. Feutz Funeral Home 4828 Natural Bridge Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>6-18-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>

Health, Welfare Public Service

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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1:00 P.M. to 6:00 P.M. I.E.D. SUBE  
File in county  
Miner

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... 414

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.