

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041955

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 318 Primary Registration District 1003 Registrar's No. 11483

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LUTHERAN HOSPITAL</u>		Length of stay in 1b <u>10 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>925 WILMINGTON</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>THEKLA JOHANNA MELZER</u>			4. DATE OF DEATH Month Day Year <u>11-27-1958</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT 2, 1901</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>- - - -</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECRETARY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MESIAH LUTHERAN CHURCH</u>	11. BIRTHPLACE (City and state or country) <u>CAPE GIRARDEAU, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>REV. FREDRICH H. MELZER</u>		13b. MOTHER'S MAIDEN NAME <u>IDA STELL WAGEN</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
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>491-36-0666</u>	17. INFORMANT Address <u>MRS. EDNA KUNZ 925 WILMINGTON</u>		
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>Ac. Dil. of heart</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>also ca metastasi - generalized</u> DUE TO (c) <u>ca of colon 153. P</u>					<u>9 months</u> <u>1 yr.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 <u>9-2-58</u> to <u>11-27-58</u> and last saw her alive on <u>11-27-58</u> Death occurred at <u>9 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Louis A. Scurius M.D.</u>			22b. ADDRESS <u>Lemay Mo</u>		22c. DATE SIGNED <u>11/29/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>12-1-58</u>	23c. NAME OF CEMETERY OR CREMATOR <u>MEMORIAL PARK CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU, MO</u>	
24. FUNERAL DIRECTOR <u>HOWARD MICHEL</u>		ADDRESS <u>5930 SOUTHWEST</u>	25. DATE RECD. BY LOCAL REG. <u>NOV 29 58</u>	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith - MD</u> <u>acm</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Gustav W. Juler*

Licensed Embalmer No. *432*
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.