

FILED VS OCT 19 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's **2 8857**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b 3 Days		c. CITY OR TOWN Glasgow Village		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 147 Ben Nevis Dr.		Reside on farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) JESSE MELLOR				4. DATE OF DEATH SEPT. 24, 1959								
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/31/85		9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk (Retired)			10b. KIND OF BUSINESS OR INDUSTRY Crane Mfg. Co.		11. BIRTHPLACE (City and state or country) St. Charles Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Jesse Babcock Mellor			13b. MOTHER'S MAIDEN NAME Clara Constance Christy			14. NAME OF HUSBAND OR WIFE Edna Hammond Mellor						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. 494-09-6088		17. INFORMANT Miss Margaret Mellor		Address 6022 Clemens Ave.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) M. destruction										INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Tuberculosis, suspected										
		DUE TO (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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 a.m. p.m.		Month, Day, Year										
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 9/21/59 to 9/24/59 and last saw ^{her} him alive on 9/24/59 Death occurred at 7: 25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE <i>Nickora Oberg</i>				(Degree or title) <i>M.D.</i>				22b. ADDRESS 1515 LA FAYETTE AVE		22c. DATE SIGNED 9/24/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/26/59		23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory			23d. LOCATION (City, town, or county) St. Louis Co., Mo.					
24. FUNERAL DIRECTOR ALEXANDER & SONS 6175 Delmar				25. DATE RECD. BY LOCAL REG. SEP 26 '59		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i> <i>M.D.B.</i>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Joseph E. McCullough

Licensed Embalmer No. 246

P. O. Address 612 [unclear]

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.