MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030821

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2248

FILED JUL 25 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4005
2 2/3
3 2
4 1
5 2
6
7 1
8 2
9 420.1
10
11
12 46-0
13

46

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis (9)
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4959 Odell
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Elizabeth Middle: T. Last: Melick

4. DATE OF DEATH Month: July Day: 14 Year: 1963

5. SEX female
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 2-3-1882
9. AGE (last birthday) 81
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (City and state or country) Indianapolis Indiana
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Tweedie
13b. MOTHER'S MAIDEN NAME Mary Zahm
14. NAME OF HUSBAND OR WIFE William Grant Melick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of servi none
16. SOCIAL SECURITY NO.
17. INFORMANT Dr. Wm. F. Melick Address Webster Groves 19, Mo. 302 Planthurst Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute M myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 7 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis Heart Disease — 10 yr.
DUE TO (c) 420.1
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. ☐ Yes ☒ No ☐ Unknown

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 4-22-50, to 7-14-63 and last saw her alive on 7-13-63
Death occurred at 7:30 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
22b. ADDRESS 634 N. Grand Blvd.
22c. DATE SIGNED 7-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE July 16, 1963
23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory
23d. LOCATION (City, town, or county) (State) St. Louis County Missouri

24. FUNERAL DIRECTOR Lupton Chapel Inc. ADDRESS 7233 Delmar Blv'd.
25. DATE RECD. BY LOCAL REG. 7-15-63
26. REGISTRAR'S SIGNATURE John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. James P. Murphy
Missouri Theater Bldg.
634 N. Grand
St. Louis 63750

10:30 AM - 11:45 AM
1:30 - 4 PM

Melick
County Vise.

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 Clarence H. Murray

Licensed Embalmer No. 4911

P. O. Address St. Louis, Mo.

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.