

S. No. 2  
M-542  
5-1753  
I X32872

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4528

State File No. \_\_\_\_\_

D MAR 2 1943

318

Registrar's No. 1653

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
4921 Holly Hills Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4921 Holly Hills Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) ?  
If yes, name country 0

3. (a) PRINT FULL NAME Mary Melies

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Joseph Melies 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 29th 1855  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>7</u>	<u>19</u>	hr. _____ min.

9. Birthplace Westphalia Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Conrad Luebbert

13. Birthplace Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Margaretta Unknown

15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. J.C. Melies

(b) Address Gratiot & Hawk Ave.

17. (a) Burial (b) Date thereof 2-22-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westphalia Mo.

18. (a) Signature of funeral director Kriegshausner Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) FEB 19 1943 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17th  
year 1943 hour 5:45 minute P.M. M.

21. I hereby certify that I attended the deceased from Dec 1, 1942, to Feb 17, 1943  
that I last saw her alive on Feb 16, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 3 mo.

Due to arteriosclerosis 1 year

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Wabelmeider (M. D. or other) MD

Address 3318 S Grand Date signed 2-18-43

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

MOTHER FATHER

1-3  
3318  
Mr. N. A. Schmeidler  
3318  
No. 0333

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Richard W. Stovesand  
Licensed Embalmer No. 4007  
P. O. Address.....

**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 this body is not embalmed, fact should be so stated above.**