

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42764

State File No. _____

FILED DEC 27 1949

318

REG. DIST. NO. 1003 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10528

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Wash.</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>4019 Gratiot</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros. Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Rev. John</u> b. (Middle) <u>C.</u> c. (Last) <u>Melies</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 28, 1884</u>
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Former Pastor of St. Bernard's Church</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Westphalia, Mo.</u>	11. BIRTHPLACE (State or foreign country) <u>Westphalia, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>Joseph Melies</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Unknown</u>	14. NAME OF HUSBAND OR WIFE _____
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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Winkelmann</u> ADDRESS <u>Hills 4947 Holly</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Parkinsonism</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>Wash.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>350X</u>	
22. I hereby certify that I attended the deceased from <u>Dec 1</u> , 19 <u>49</u> to <u>Dec 5</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 3</u> , 19 <u>49</u> , and that death occurred at <u>10:40 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. D. Foster M.D.</u> (Degree or title)		23b. ADDRESS <u>5600 S. Compton</u>	23c. DATE SIGNED <u>12/6/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Mtr)</u>	24b. DATE <u>Dec. 8, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Church Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Westphalia, Mo.</u>
DATE REC'D BY LOCAL REG. <u>DEC 7 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Foster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u> ADDRESS <u>4228 S. Kingshighway Bl.</u>	

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

16000

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
Student Embalmer

Signed Richard W. Stovessand

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.