

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

26114

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

FILED JUL 22 1952

6784

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	c. LENGTH OF STAY (in this place) <b>50 YEARS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b> <b>2029</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5456 LISETTE</b>		d. STREET ADDRESS (If rural, give location) <b>2 5456 LISETTE</b>	

3. NAME OF DECEASED (First) <b>FRANK</b>		b. (Middle) <b>J.</b>		c. (Last) <b>MELLINGER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 11-1952</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JUNE 15-1892</b>		9. AGE (in years last birthday) <b>60</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) <b>SHOE WORKER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>SAMUEL SHOE CO.</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>AUSTRIA-HUNGARY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>FRANK MELLINGER</b>		13b. MOTHER'S MAIDEN NAME <b>KATHERINE SCHNEIDER</b>		14. NAME OF HUSBAND OR WIFE <b>MARIE MELLINGER</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>MARIE MELLINGER</b>		ADDRESS <b>5456 LISETTE</b>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary carcinoma</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinome of Colon</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>153X</b>

22. I hereby certify that I attended the deceased from **Jan 21**, 1950, to **July 11**, 1952, that I last saw the deceased alive on **July 10**, 1952, and that death occurred at **12:58** a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>A. T. Muth</b>	(Degree or title)	23b. ADDRESS <b>3707 Poloma</b>	23c. DATE SIGNED <b>7-12-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>7-14-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL PARK</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo.</b>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JUL 14 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. JUDICIAL DIRECTOR'S SIGNATURE <b>Thomas J. Curtis</b>	

**mfb** (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

Summary ante Colon

**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 Les J. Budd

Licensed Embalmer No. 3989

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