

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28337

File No. _____
Registered No. **7847**
St. _____ Ward _____

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City **St. Louis** (No. **St. Louis Mat. Hosp.**)

2. FULL NAME

Infant Melton
(a) Residence. No. **2812 Rutger St.** St. **22** Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. ~~SINGLE~~ ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (write the word) **Infant**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **8/25/27**

7. AGE YEARS MONTHS DAYS **6 days** If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**

PARENTS

10. NAME OF FATHER **Roy J. Melton**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Henderson, Ky.**

12. MAIDEN NAME OF MOTHER **Margaret Smith**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Glasgow Scotland**

14. INFORMANT **Roy J. Melton**
(Address) **2812 Rutger St.**

15. **SEP - 3 1927**
FILED _____ 19 _____ **Max L. Staroseff**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **9/1/27** 19 **27**

17. I HEREBY CERTIFY, That I attended deceased from **8/25/27** to **September 1, 1927** that I last saw him alive on **9/1/27**, and that death occurred, on the date stated above, at **2:35 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
Diphtheria
Inter cranial birth hemorrhage?

CONTRIBUTORY (SECONDARY) **38**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **M. A. Roblee** M. D.
, 19 **27** (Address) **St. Louis Mat. Hosp.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Valhalla** DATE OF BURIAL **Sept 3 1927**

20. UNDERTAKER **J. B. Murrells Son** ADDRESS **2637 Hickory St.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

