

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

Do not use this space.

28391

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

(No. **Jewish Hospital**)

File No. ....

Registered No. **7912**

St. .... Ward)

**2. FULL NAME**

**Annie Melville**

(a) Residence. No. **5302 Cates** St., **12** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **about A. Melville**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb 8 - 1873**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **54 | 6 | 25**

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **Housewife** (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) **Missouri**

10. NAME OF FATHER **Not Known**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **" "**

12. MAIDEN NAME OF MOTHER **" "**

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

14. INFORMANT **Albert Melville** (Address) **5302 Cates**

15. FILED **SEP - 6 1927** **May 6 Starloff** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **9 - 3 1927**

17. I HEREBY CERTIFY, That I attended deceased from **July 1st**, 19**27**, to **Sept 3**, 19**27** that I last saw her alive on **Sept 24**, 19**27**, and that death occurred, on the date stated above, at **9:55 A.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Chronic Myocarditis**  
**Chronic Hypertension**  
**Arterio Sclerosis general**  
(duration) **about 2 yrs.**  
CONTRIBUTORY **Pneumonia**  
(SECONDARY) (duration) **about 2 ds.**

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

DID AN OPERATION PRECEDE DEATH? DATE OF **9-1-27**  
WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) **Paul Murphy**, M.D.  
, 19 (Address) **Jewish Hospital**

\*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 **Sun Set Burial** DATE OF BURIAL **Sept 6 1927**

20. UNDERTAKER **Vauck + Schmidt** ADDRESS **8 Grand**

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.

