WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space. 38493

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township St Louis Primary Registration District No. 1003 Registered No. 11170

City (No. St Johns Hospital St. ..... Ward)

2. FULL NAME Joseph Melkowski

(a) Residence. (Usual place of abode) No. 3810 Maffitt Ave St., 11 Ward. ..... (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Edna Melkowski

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9-1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	5	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoper

(b) General nature of industry, business, or establishment in which employed (or employer) Hussman Refgr

(c) Name of employer Mfg. Co

9. BIRTHPLACE (CITY OR TOWN) St Louis

(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Ignatius Melkowski

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Anna Mackowski

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Germany

14. INFORMANT Edna Melkowski

(Address) 3810 Maffitt Ave

15. DEC 14 1927 FILED, 19..... Max E. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-12-1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 12:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pelvic Peritonitis following knife wound of intestines

Rec from shaping machine (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) accidental 208 E 12

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 208 E

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Wm Dover M. D.

12/13, 1927 (Address) Dep Coroner

*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	DATE OF BURIAL
St Peters	12-16 1927

20. UNDERTAKER	ADDRESS
Arthur J Dornelly	2039 West 8

Continued