

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

Do not use this space.

8301

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 100
 City St. Louis No. 5524 Grant Pl.

File No.....
 Registered No. 1952
 St. Ward)

2. FULL NAME

Bertha E. Melcher
 (a) Residence No. 5524 Grant Pl. A. St., 15 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 or (OR) WIFE of August Melcher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 | 7 | 19

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Mascoutch Ill
 (STATE OR COUNTRY)

10. NAME OF FATHER Chas. Kassel

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

12. MAIDEN NAME OF MOTHER Jonathia Brand

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Millstadt Ill
 (STATE OR COUNTRY)

14. INFORMANT Aug Melcher
 (Address) 5524 Grant Pl.

15. FILED 11 1929
Wm O. Wark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 8 1929

17. I HEREBY CERTIFY That I attended deceased from July 23, 1928, to Feb 8, 1929 that I last saw him alive on Feb 8, 1929, and that death occurred, on the date stated above, at 1:05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Liver, with metastasis in the Brain, Bladder, Stomach and Rectum
 (duration)..... yrs. 6 mos. 1 ds.

CONTRIBUTORY (SECONDARY) apoplexy cerebral Hemorrhage
 (duration)..... yrs. 6 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED? 46 E
 IF NOT AT PLACE OF DEATH 46 B
 DID AN OPERATION PRECEDE DEATH? no DATE OF 53 B

19. WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS? X Ray, & Lab
 (Signed) John D. Donnell, M. D.

*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.
2/9, 1929 (Address) 506 E. 2nd

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus DATE OF BURIAL 2-11 1929

20. UNDERTAKER Wm Schumacher ADDRESS 3013 Meramec

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.

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Dr. Cornell