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

Do not use this space.

13187

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3747

Township ..... Primary Registration District No. 1003 Registered No. 3747

City St Louis Mo (No. 3115 Shenandoah Ave St. ..... Ward)

2. FULL NAME Kenneth Meltner

(a) Residence. No. ..... St., 17 Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 20 1926

7. AGE: Years 2 | Months 3 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John Meltner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Centralia
(STATE OR COUNTRY) Ill
12. MAIDEN NAME OF MOTHER Florence Wild
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

14. INFORMANT John Meltner
(Address) 3115 Shenandoah St.

15. FILED 27 1929 Max C. Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 27 1929

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1929, to March 27, 1929, that I last saw him alive on March 27, 1929, and that death occurred, on the date stated above, at 6 30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 11a
Broncho Pneumonia
Primary
11a
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) La Grippe
(duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Consolidation Thing
(Signed) E. Morrish, M. D
March 27, 1929 (Address) 433 Metropolitan Bldg

*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: Memorial Park Cemetery
DATE OF BURIAL: March 29 1929

20. UNDERTAKER: Wm J. Roberts
ADDRESS: 1905 S Grand Blvd

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD