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

Do not use this space.

18073

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. 4662 Rosa ave St. ..... Ward)

File No. .....

Registered No. 5231

2. FULL NAME Mary Ann Melville

(a) Residence. No. 4849 Hamburg St. 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 26 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 28 - 1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
2	2	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Child

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Clarence C. Melville

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

12. MAIDEN NAME OF MOTHER Elizabeth Stocke

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY)

14. INFORMANT Elizabeth C Melville
(Address) 4849 Hamburg

15. FILED MAY 28 1930 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26th 1930

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1930, to May 26, 1930 that I last saw her alive on May 26, 1930, and that death occurred, on the date stated above, at 12 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

La Grippe

(duration) — yrs. — mos. 16 ds.

CONTRIBUTORY (SECONDARY) Secondary Bronchopneumonia and (Empyemia) following La Grippe (duration) — yrs. — mos. 11 ds.

Operation for Empyemia

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 26/30

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Microscopical

(Signed) Andrew Youngman M. D.

May 27 1930 (Address) 4602 Gravois

*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: New St Marcus

DATE OF BURIAL: May 28 1930

20. UNDERTAKER: [illegible] Wennmeller

ADDRESS: 6203 Gravois

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.