

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

Do not use this space.

39053

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 7811  
Township \_\_\_\_\_ Primary Registration District No. 1003  
City St. Louis (No. 4139) Belmar

File No. \_\_\_\_\_  
Registered No. 11220  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. 19 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Melville</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 24 - 1849</u>		
7. AGE <u>82</u>	YEARS <del>82</del>	MONTHS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

13. NAME Not ascertainable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 1

15. MAIDEN NAME 3

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 6

17. INFORMANT Mrs Lattie Proder

(ADDRESS) 4139 Belmar

18. BURIAL, CREMATION, OR REMOVAL

PLACE Partly Town DATE Oct 9 1931

19. UNDERTAKER Waring & Sheehan

(ADDRESS) 4410 Washington

20. FILED NOV - 7 1931

Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1931, to Nov. 7, 1931.

I last saw her alive on Nov. 7, 1931. Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

Thrombosis Coronary Artery  
730  
94 B

Date of onset  
11/7/31  
1925

Other contributory causes of importance:  
Chronic myocarditis

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) J. P. Hamling, M. D.

(Address) 1259 N. Kingshighway

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.

