

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

Do not use this space.

4456

**1. PLACE OF DEATH**

43 County St. Louis  
Township Central  
City St. Louis (No. \_\_\_\_\_)

Registration District No. 360  
Primary Registration District No. 2505

File No. 5-  
Registered No. 5- St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**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>widowed</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 21 - 1866</u>		
7. AGE	YEARS	MONTHS
<u>65</u>	<u>10</u>	<u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois 2</u>		
MOTHER	13. NAME <u>Austin P. Melton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Ill.</u>	
	15. MAIDEN NAME <u>Rachel Schivler</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFORMANT <u>Carl Anderson</u> (ADDRESS) <u>Hermitage Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Protringer</u> DATE <u>4/28 32</u>		
19. UNDERTAKER <u>L. L. White</u> (ADDRESS) <u>Whiteland Mo.</u>		
20. FILED <u>Feb 29 1933</u> <u>Edbert R. Casch</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1932

I HEREBY CERTIFY, That I attended deceased from Feb 16 1932 to Feb 26 1932

I last saw her alive on Feb 26 1932. Death is said to have occurred on the date stated above, at 1:30 a.m.

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

Other contributory causes of importance:  
medulla

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) L. A. Blaes, M. D.  
(Address) St. Louis - Mo.

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.

MAR 22 1933

