

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

Do not use this space.

10537

1. PLACE OF DEATH
 County St Louis Registration District No. 701
 Township _____ Primary Registration District No. 1003
 City St Louis (No. 5800 Arsenal St) St. _____ Ward _____

2. FULL NAME Harvey J. Melton
 (a) Residence, No. 5800 Arsenal St., 13 Ward. _____ (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ? ~~George~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 0 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labour

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) Ind Mo 1

MOTHER FATHER

13. NAME Thomas Melton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind 2

15. MAIDEN NAME Richard Penny

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

17. INFORMANT Mrs. Effinger Arsenal St
 (ADDRESS) 5900

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabrey Cemetery DATE 3-19 1917

19. UNDERTAKER Louis H. Bopp
 (ADDRESS) Kirkwood

20. FILED 4 18 1937 Ray E. Starker Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1937 to March 17 1937
 I last saw him alive on March 17 1937 Death is said to have occurred on the date stated above, at 2:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset _____
93C
1600 D
 Other contributory causes of importance: Senility
 Name of operation None Date of _____
 What test confirmed diagnosis Allen-Casta Was there autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide No 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?
 If so, specify John Eschenbreyer M. D.
 (Signed) _____ (Address) 5800 Arsenal St

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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

