

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.

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

Do not use this space.

24154

1. PLACE OF DEATH

County Registration District No. 701
Township Primary Registration District No. 1015
City St. Louis (No. 1015, 6 Childress Ave) St. Ward

File No.
Registered No. 6242

2. FULL NAME

Robert Dean Melter

(a) Residence, No. 1015 Childress Ave. St., 4 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 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) April 29, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 6

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

none

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) St. Louis (STATE OR COUNTRY) Missouri

13. NAME William G. Melter

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Lillian Talley

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT Mr. Wm G Melter (ADDRESS) 1015 Childress Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE July 6, 1932

19. UNDERTAKER Geo L Pleistath Inc (ADDRESS) 1966 Eastern

20. FILED -li 153-19 Ray C Sturdivant Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1932

22. I HEREBY CERTIFY That I attended deceased from July 1st, 1932, to July 5, 1932. I last saw h. alive on July 5, 1932. Death is said to have occurred on the date stated above, at 3:20 p.m.. The principal cause of death and related causes of importance were as follows:

Crebrion Broncho-Pneumonia July 2
107A
Other contributory causes of importance: Whooping Cough July 24

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?

If so, specify (Signed) Julius M. Brady, M. D.
(Address) 1467 Union Ave

Nov. 21st 1867

1467. *Ermine*

7-6-32

OK

J. A. Smith, M. D.