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.

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

Do not use this space.

37365

File No. .....

Registered No. 10002

1. PLACE OF DEATH

County ..... Registration District No. .....

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

City St. Louis, Mo. (No. U. S. Marine Hospital St. ..... Ward)

2. FULL NAME Henry Edward Melvis

(a) Residence, No. 1308 S. 6th St., City St., 22 Ward. Resident
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Born-Apr. 6, 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
64	7	5	

OCCUPATION

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

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) Illinois ?

FATHER

13. NAME Edward Melvis

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

MOTHER

15. MAIDEN NAME Anna Malowes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois ?

17. INFORMANT (ADDRESS) Mrs. Melvis Caseyville Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Caseyville City Cemetery DATE Nov. 14 32

19. UNDERTAKER (ADDRESS) Vincent A. Herr Jr. Caseyville Ill.

20. FILED NOV 12 1932 19 [illegible] Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, 19 32

22. I HEREBY CERTIFY, That I attended deceased from June 19, 19 31, to Nov. 11, 19 32

I last saw him alive on Nov. 11, 19 32 Death is said to have occurred on the date stated above, at 9:35 p.m.

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

	Date of onset
Hemorrhage, cerebral with left hemiplegia	Apr. 1930
Other contributory causes of importance: Hypertension, essential	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) J. H. Mangherty, M. D.

(Address) U. S. Marine Hospital