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.

File No. 21294

Registered No. 5077

1. PLACE OF DEATH

County ..... Registration District No. 73

Township ..... Primary Registration District No. 3

City St Louis (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Mellie Bry

(a) Residence, No. New York City St., 18 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louis Bry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 1-1879

7. AGE: Years 63 | Months 6 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Vicksburg Miss

FATHER

13. NAME: Ben Scharff

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

MOTHER

15. MAIDEN NAME: Bettie Ullman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

17. INFORMANT (ADDRESS): Louis Abel, Denny Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New York City DATE 6-12, 1933

19. UNDERTAKER (ADDRESS): H. Rindskopf, 5216 Delmar

20. FILED ..... 19..... J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1933, to June 9, 1933

I last saw her alive on June 9, 1933. Death is said to have occurred on the date stated above, at 9:22 p. m.

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

	Date of onset
Coronary Thrombosis	5/30

Other contributory causes of importance: Hypertension

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

What test confirmed diagnosis? Clinical & E.C.G. 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) Arthur E. Strauss, M. D.

(Address) University Club Bldg.