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. 24269

Registered No. 175

1. PLACE OF DEATH
County St Louis — Registration District No. 785
Township Bonhomme — Primary Registration District No. 6031
City Manchester Mo (No. Manchester Nursing Home St. ..... Ward)

2. FULL NAME Charles Melick
(a) Residence, No. RR#9 St., ... Ward. Whiteside Mo.
(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: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): about 1857

7. AGE — YEARS: About 76 yrs. — MONTHS: — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: day laborer
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): New Jersey

FATHER
13. NAME: Wm J. Melick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

MOTHER
15. MAIDEN NAME: Mary Jane Fisher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

17. INFORMANT (ADDRESS): St Louis County Hosp Clayton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cem DATE 8-4 1933

19. UNDERTAKER (ADDRESS): Louis H Bopp Mo Kirkwood

20. FILED 8-4 1933 B C Barnett Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June ~~July~~ 13, 1933, to July 21, 1933
I last saw him alive on July 21, 1933. Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	
46H	

Other contributory causes of importance:
Senility
Arteriosclerosis

Name of operation: Biopsy from neck 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) B. R. Loving, M. D.
(Address) Ballwin, Mo.