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.

2709

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 332

City St. Louis, Missouri (No. St. Louis Children's Hospital St. ..... Ward)
500 S. Kingshighway

2. FULL NAME Charles Mellen Thin

(a) Residence, No. 511 Alby St., Alton, Illinois N.R. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred never 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): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-9-33

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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): Alton, Illinois

FATHER
13. NAME: Charles Mellen Thin Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gillespie, Illinois

MOTHER
15. MAIDEN NAME: Dorothy Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Edwardsville, Illinois

17. INFORMANT (ADDRESS): M. Merschmann, 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakwood DATE 1/11 1934

19. UNDERTAKER (ADDRESS): C. N. Stotts Sons, Fairview Home, Alton

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-4, 1934, to 1-9, 1934

I last saw him alive on 1-9, 1934. Death is said to have occurred on the date stated above, at 4 30 a.m.

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

	Date of onset
Streptococcus septicemia (hemolytic streptococcus)	1-1-34
36	
15 PB	
Other contributory causes of importance: Multiple skin abscesses secondary to septicemia	1-3-34

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

What test confirmed diagnosis? Blood Culture Was there an autopsy? Yes

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) E. Glasscock, M. D.
(Address) 500 S. Kingshighway