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.

APR 9 1935

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

Do not use this space.

791

11323

File No.

Registered No. 2981

1. PLACE OF DEATH

County

Township

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

Registration District No. 1003

Primary Registration District No.

2. FULL NAME Charles Mellman

(a) Residence, No. 4408a N. Broadway St., 9 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 69 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 29, 1865

7. AGE: Years 69 | Months 5 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General Housework

10. Date deceased last worked at this occupation (month and year): 1925

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

FATHER

13. NAME: Charles Mellman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known Germany

MOTHER

15. MAIDEN NAME: Sopia Diefert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known Germany

17. INFORMANT (ADDRESS): Mrs. Annie Mellman 4408a N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fredens DATE: April 1, 1935

19. UNDERTAKER (ADDRESS): Suedmeyer & Sons 3934 N. 20 St.

20. FILED MAR 30 1935 J. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-3-, 1935, to 3-28-, 1935
I last saw him alive on 3-28-, 1935. Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	
Chronic	

Other contributory causes of importance:

Name of operation: Cholangiotyphosis Date of 3-22-35
What test confirmed diagnosis? Clinical 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) [illegible], M. D.

(Address) 6651 Enright

6651 Enright

[illegible] 12 [illegible] 1

suite 22[illegible]