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

SEP 16 1935

Do not use this space.

28096

Registration District No. 791

Primary Registration District No. 1003

File No. 7181

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. Alexian Bros. Hospital St. Ward)

2. FULL NAME August Melcher

(a) Residence, No. 2912 a Pennsylvania Av. St. 24 Ward.
(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: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August-29-1866.

7. AGE: ~~69~~ Years 68 Months 11 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired, (10yrs)

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

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) St. Louis, Mo.

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Julia Melcher
(ADDRESS) 2912a Pennsylvania Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE Aug. 26- 1935

19. UNDERTAKER Wieber & Heberle
(ADDRESS) 2331 S. Broadway

20. FILED AUG 25 1935, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August, 23nd. 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17 1935, to Aug. 23rd 1935
I last saw him alive on Aug. 22, 1935. Death is said to have occurred on the date stated above, at 6.45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency due to Arteriosclerosis, Ac.	7 da
Caused by Cardiac asthma	
Other contributory causes of importance:	
Carcinoma of Rectum	
Cancer of Prostate	10 d

Name of operation Date of
What test confirmed diagnosis? 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) [illegible], M. D.
(Address) 3844 [illegible]