

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.

MAR 12 1936

791

8067

1. PLACE OF DEATH

County.....

Registration District No.....

1003

File No.....

Township.....

Primary Registration District No.....

Registered No.....

City St. Louis (No. St. Paul Harsh)

St.

Ward)

2. FULL NAME.....

(a) Residence, No.

(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

M

4. COLOR OR RACE

W.

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

Married

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

Lilly Melton

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

Aug 30, 1899

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

36

5

15

OCCUPATION

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

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

Truck Driver

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER

(ADDRESS)

20. FILED

19

Texas

P. A. Melton

Texas

Sally Pagen

Winktown

Mrs J. M. Melton

OKla

Manhattan Feb 17 1936

Prehmann Harzal

1905 Union Blvd.

Feb 17 1936 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 8³⁰ p. m.

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

General Peritonitis, gangrene of bowel perforated bowel, Massive atelectasis of right lower lobe of lung, dilatation and fatty infiltration of heart, traumatic tear of mesentery, red when iron shield
Other contributory causes of importance:
fell on deceased while he was attempting to hang same on a trailer at St. Louis Terminal, 5630 Natl. Bridge Ave at 11³⁰ A.M. 2/10/36

Date of onset

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (Violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 2/10 1936

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury see above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes. If so, specify delivery of automobiles

(Signed) W. P. Pagen, M. D.

(Address) St. Louis, Mo.

