DEC 3 1936

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

Do not use this space.

42783

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. In Ambulance Enroute To City Hosp. #1 St. ..... Ward)

File No. ..... Registered No. 11334

**2. FULL NAME** Melvin Masters

(a) Residence, No. 4650 St. Ferdinand Avenue St., ..... Ward.
(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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 22nd, 1916

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 20 | 0 | 20 | |

OCCUPATION

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

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) Milwaukee, Wisconsin

FATHER

13. NAME Walter C. Masters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Illinois

MOTHER

15. MAIDEN NAME Rose Schultz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milwaukee, Wisconsin

17. INFORMANT Walter C. Masters
(ADDRESS) 4650 St. Ferdinand Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Nov. 16th, 1936

19. UNDERTAKER Sullivan Brothers
(ADDRESS) 2849 N. Euclid Avenue

20. FILED NOV 14 1936 J. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 12th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-8-, 1936, to 11-12-, 1936

I last saw h~~im~~ alive on 11-12-, 1936 Death is said to have occurred on the date stated above, at 11:30 P.m.

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

| | Date of onset |
|---|---|
| Acute Endocarditis | 11-1-36 |
| cause unknown | |
| 56 | |

Other contributory causes of importance:

| | |
|---|---|
| Acute Articular Rheumatism cause Unknown | 6 weeks |

Name of operation none Date of —

What test confirmed diagnosis Death Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury —, 19—
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Robert L. Foster, M.D.
(Address) 4503 Washington Blvd.

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.