

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

Do not use this space.

**1. PLACE OF DEATH**

**FEB 8 1937**

**791  
1003**

**3462  
494**

County .....  
Township .....  
City .....

Registration District No. ....  
Primary Registration District No. ....  
(No. **ISOLATION HOSPITAL** St. .... Ward)

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

**2. FULL NAME**

**Magdalena Melker**

(a) Residence, No. **6928** **W. MINNESOTA** St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **8** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 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 **Arthur John Melker**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 27-1894**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<b>42</b>		<b>14</b>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **245**

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**

13. NAME **Philip Neebler**

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

15. MAIDEN NAME **Magdalena Karsh**

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

17. INFORMANT **City Isolation Hospital Regd.** (ADDRESS) **St. Louis, Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Park Lawn** DATE **1/13-37**

19. UNDERTAKER (ADDRESS) **Smithers and Co 622 1/2 So Grand Blvd**

20. FILED **JAN 13 1937** **J. F. Bredeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JAN 11, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 12, 1936** to **JAN 11, 1937**

I last saw her alive on **JAN 10, 1937**. Death is said to have occurred on the date stated above, at **1:30 A.**

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

**Chronic Pulmonary Tuberculosis** Date of onset **1929**  
**Renal Tuberculosis**

Other contributory causes of importance:

Name of operation **Phy** Date of .....  
What test confirmed diagnosis? **Ray** Was there an autopsy? **Kab.**

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) **J. F. Bredeck** M. D.  
(Address) **5100 Arsenal**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PLACE OF DEATH should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

