

FEB 12 1938

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

451
Do not use this space.

791 2/1
1003

Registered No. 307

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City..... (d) Street No. 2515 ELLIOT AVE St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CATHERINE MELVIN 415

(a) Residence, No. 2515 ELLIOT AVE St. 20
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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 THOMAS MELVIN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 19, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 6 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSE WORK
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 EDWARD MURPHY IRELAND

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

MOTHER 15. MAIDEN NAME ELIZABETH ROONEY

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

17. INFORMANT (ADDRESS) MARY SMALLWOOD 2515 ELLIOT AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY GEMETERY JAS. 11 1938

19. FUNERAL DIRECTOR (ADDRESS) 2228 S. Lower Ave. J. Bredeck

20. FILED FEB 10 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8 1938

22. I HEREBY CERTIFY that I attended deceased from January 7 1938 to Jan 8 1938 last saw him alive on Jan 8 1938. Death is said to have occurred on the date stated above, at 11:15 P.M.
The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset 1/8/38
101
Other contributory causes of importance:
None

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

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) J. W. Dierker, M. D.
(Address) 2219 S. Jefferson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

Charles Goodhart

Licensed Embalmer No. *2777*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Charles Goodhart

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Charles Goodhart

Licensed Embalmer No. *2777*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)