

REC'D MAY 6 1938

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

Do not use this space.

15856

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 784

Township

Primary Registration District No. 111

City

Richmond Heights H. Mary Hospital

File No.

Registered No. 667

St.

Ward)

## 2. FULL NAME

Premature, not named - MELCHIER 426(a) Residence, No. 5229 Quincey

St.

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)

Single

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

Nichol

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,.....hrs. or .....min.

0

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

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

Richmond Heights, Mo

13. NAME

Edgar Melchior

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

St. Louis Mo

15. MAIDEN NAME

Helen Vogel

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

St. Louis Mo

17. INFORMANT (ADDRESS)

Mother - 5229 Quincey

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Celvary

DATE

April 28

19. UNDERTAKER (ADDRESS)

Bertwick Diehard  
1138 26th St20. FILED 4-141938R. Meyer M.D. Reg.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

7/11, 1938

22. I HEREBY CERTIFY, That I attended deceased from

7:10 p.m. 4/11, 1938, to 10:50 p.m. 7/11, 1938I last saw him alive on 4/11, 1938. Death is saidto have occurred on the date stated above, at 10:50 p.m.

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

Prematurity (30 weeks)

Date of onset

Other contributory causes of importance

Name of operation None

Date of

What test confirmed diagnosis? None 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) Grey, M.D., M. D.707 (Address) 4500 Olive

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

