

REC'D JUL 12 1938

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

20266

Do not use this space.

5405

## 1. PLACE OF DEATH

- (a) County..... Registration District No. **1008**  
 (b) Township..... Primary Registration District No. **1008**  
 (c) City **Saint Louis, Missouri.** (d) Street No. **Alexian Bros. Hospital.** 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

- Jacob Melber,**  
 (a) Residence, No. **4018 South Broadway.** St. **15** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed.</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Elizabeth Melber,</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>February 2nd, 1868</b>				
7. AGE <b>70</b>	YEARS	MONTHS <b>4</b>	DAYS <b>11</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Laborer</b>			
	9. Industry or business in which work was done, as 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) <b>Germany</b>				
FATHER	13. NAME <b>Unknown</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>			
MOTHER	15. MAIDEN NAME <b>Unknown</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>			
17. INFORMANT <b>Herman Melber</b> (ADDRESS) <b>1924 Geyer Ave.</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>New St. Marcus Cem.</b> DATE <b>June 15th, 1938</b>				
19. FUNERAL DIRECTOR <b>Ziegenhain Bros.</b> (ADDRESS) <b>2623 Cherokee Street.</b>				
20. FILED <b>JUN 15 1938</b> <b>J.P. Brudick</b> Local Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 13th, 1938.**

22. I HEREBY CERTIFY, That I attended deceased from **March 15, 1938** to **June 13, 1938**.  
 I last saw him alive on **June 12, 1938**. Death is said to have occurred on the date stated above, at **12:45 A.M.**  
 The principal cause of death and related causes of importance were as follows:  
**Carcinoma of Caecum**  
 Date of onset **???**

Other contributory causes of importance:  
**None**

Name of operation **Exploratory** Date of **3/21/38**  
 What test confirmed diagnosis **Biopsy** 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?  
 If so, specify **William Synto**, M. D.  
 (Signed) **W. S. Mummy**  
 (Address) **1318 S. Mummy**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50N-20-37 I X12004

**STATEMENT BY LICENSED EMBALMER**

I, Vearl E. Morris, Licensed Embalmer No. 3360.

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed V E Morris

Licensed Embalmer No. 3360.

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