

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.

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

26860  
Do not use this space.

REC'D SEP 12 1938

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township **St Louis Mo** Primary Registration District No. **1003**  
 (c) City **St Louis Mo** (d) Street No. **Enroute to City Hospital #1** Registered No. **6874**  
 (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

(a) Residence, No. **5206 Vernon** St. **12**  
 (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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Herman Melman</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 25, 1893</i>		
7. AGE	YEARS <i>44</i>	MONTHS <i>7</i>
	DAYS <i>4</i>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>Housewife</i>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>: Ohio</i>		
FATHER	13. NAME <i>(Unknown) Campbell</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
MOTHER	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
17. INFORMANT (ADDRESS) <i>Mr Herman Melman 5206 Vernon</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Chicago Ill.</i> DATE <i>Aug 4, 1938</i>		
19. FUNERAL DIRECTOR (ADDRESS) <i>Mullen Bros 4259 Lindell Blvd</i>		
20. FILED <b>AUG 2 1938</b> <i>J. B. Buehler</i> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 29<sup>th</sup>* 19 *38*

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at *12:25 P* m.  
 The principal cause of death and related causes of importance were as follows:  
*Strangulation with padlock fasteners in her front at 5206 Vernon Ave. time unknown at the hands of party or parties unknown to the jury.*  
 Other contributory causes of importance:  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? *Homicide* Date of injury *July 29, 38*  
 Where did injury occur? *Home*  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury *See above*  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? *4*  
 If so, specify *Alfred J. Trust*  
 (Signed) *Alfred J. Trust*  
 (Address) *Deputy Coroner*

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

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.....

*Thomas R. Fenwick*

Licensed Embalmer No. ....

*3793*

**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.)**