G 7 1938 Gloria Maxine Melvin REC'D SEP 9 1938

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

30009
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township Central — Primary Registration District No. 111 — Registered No. 4326
(c) City Rich. Hgts. — (d) Street No. St. Marys 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 Gloria Maxine Melvin, 415
(a) Residence, No. 4520a St. Ferdinand Avenue St.
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1937

7. AGE — YEARS: — MONTHS: 9 — DAYS: 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) St. Louis Mo. 0

FATHER
13. NAME Robert E. Melvin 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 0

MOTHER
15. MAIDEN NAME Mildred Roberts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Robert E. Melvin 4520a St. Ferdinand Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE Aug. 8, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue

20. FILED AUG 7 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw her alive on 8-5, 1938. Death is said to have occurred on the date stated above, at 4 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	2 days
107	
Other contributory causes of importance:	
Acute Rhinitis	7 weeks

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

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 [signature]
(Signed) ....., M. D.
707 (Address) 3720 Washington

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLAINLY WITH UNFADING INK

X14028

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis Mo

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.)

If this body is not embalmed, above space should be left blank.