

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 791

37785  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003  
 (b) Township ..... Primary Registration District No. 1003  
 (c) City St. Louis Mo. (d) Street No. City Hospital No 1 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 1735 Ethel Melton

(a) Residence, No. 1901 S 7th St. St. 23 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
57 10 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife.  
 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) Tennessee

FATHER 13. NAME William Burke

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

MOTHER 15. MAIDEN NAME Anna St Clair

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

17. INFORMANT (ADDRESS) Albert Melton  
1901 S. 7th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia DATE Nov 25 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Short Kites  
2906 Gravois Ave.

20. FILED NOV 22 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from November 10<sup>th</sup> 1938, to November 21<sup>st</sup> 1938  
 I last saw h. or alive on November 20<sup>th</sup> 1938. Death is said to have occurred on the date stated above, at 6:20 P. m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 11/10-38  
 Other contributory causes of importance: None

Name of operation None Date of .....  
 What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? 26.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? NO 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) W. J. Jones M. D.  
 (Address) 1544. 50 Broadway

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.

1888  
1-14-1914  
9-10-1914

**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, .....

THOS. KUTIS.

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

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

Signed Thos Kutis

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois Ave.

**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.**