

REC'D FEB 10 1939

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

4  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County..... Registration District No. **791**  
 (b) Township..... **2** Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **5381 Patton** 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** **Mary I. Melton**

(a) Residence, No. **5381 Patton Avenue** St. **6** (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>Female</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>Wilford P. Melton</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept 18, 1857</b>		
7. AGE YEARS <b>81</b>	MONTHS <b>3</b>	DAYS <b>12</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. <b>At Home</b>		
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>Rosebud Missouri</b>		
13. NAME <b>Andrew P. Cowan</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Kentucky</b>		
15. MAIDEN NAME <b>Nancy Sawyer</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Tennessee</b>		
17. INFORMANT (ADDRESS) <b>Mrs. George Bradford 5381 Patton Avenue</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Rosebud Mo.</b> DATE <b>Jan 3</b> 19 <b>38</b>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>Shepard Funeral Home 1167 Hamilton Avenue</b>		
20. FILED <b>JAN 1 1939</b> <b>J. D. Brubaker</b> Local Registrar		

**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 30** 19**38**22. I HEREBY CERTIFY, That I attended deceased from **January** 19**28** to **December 30, 1938**I last saw her alive on **December 30, 1938**. Death is saidto have occurred on the date stated above, **11:55 P.**

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

Date of onset

**Hypostatic Pneumonia** **Dec. 22nd****Bronchial**

Other contributory causes of importance:

**Senility**Name of operation **None** Date of **None**What test confirmed diagnosis? **None** Was there an autopsy? **None**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **No** Date of injury **No**, 19Where did injury occur? **No**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **None**Nature of injury **None**24. Was disease or injury in any way related to occupation of deceased? **None**If so, specify **None**(Signed) **P. J. Beatt**, M. D.(Address) **1919 N. Union St.**

(Licensed Embalmer's Statement on Reverse Side)

**MOTOR.**

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.

**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.....

*J. G. Sullivan*

Licensed Embalmer No. *1122*

P. O. Address *4704 Washington B*

**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.**