

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

17059
Do not use this space.

1. PLACE OF DEATH

(a) County..... 1 Registration District No..... 791
 (b) Township..... 1 Primary Registration District No..... 1003
 or City..... St. Louis, Mo. (d) Street No..... City Infirmiry..... St.
 (c) Length of residence in city or town where death occurred 20 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Eva Melton.

(a) Residence, No. Meramec Hotel # 2023 240 12th 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 17, 1878

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
60 X	6	2	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. No 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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis, Tenn.

FATHER

13. NAME John Nelson.

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

MOTHER

15. MAIDEN NAME Rebecca Percy.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis, Tenn.

17. INFORMANT (ADDRESS) E. Molony, 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jackson, Tenn. DATE May 19, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. R. Ruppert & Sons #7233 Delmar Blvd

20. FILING DATE MAY 19 1939 J. B. Burdick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1939, to May 18, 1939. I last saw her alive on May 18, 1939. Death is said to have occurred on the date stated above, at 3:30 m. A.M. The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Other contributory causes of importance: *Regenerative Anemia*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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? No, specify..... (Signed) P. Potashnick, M. D. (Address).....

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.

I X1603

City Infirmary

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~~

Clarence H. Murray, Registered Apprentice No. _____
working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

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.