

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **4328 West Pine** **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Anna G. Melvin**
3. (b) If veteran, name war **No.**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec. 23 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 11 28 hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Saleslady**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Melvin**

13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Newman**

15. Birthplace **New York City New York**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. E. E. Conroy**

(b) Address **4328 West Pine**

17. (a) **Burial** (b) Date thereof **12/24/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Galvary Cemetary**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **DEC 23 1940** (b) **J. W. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **19**
(If outside city or town limits, write "RURAL")
(d) Street No. **4328 West Pine**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **21st**
year **1940** hour **4** minute **40 A** M.
21. I hereby certify that I attended the deceased from **March 30**
1939, 19____ to **December 21**, 19**40**
that I last saw **her** alive on **December 20**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Cervix with Abdominal Metastases**
Duration **6 Months**

Due to **Terminal Pneumonia** **1 wk**

Due to _____

Other conditions _____
(Include pregnancy within 5 months of death)

Major findings: Of operations _____
Of autopsy **none**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. A. Lembuck** (M. D. or other) _____

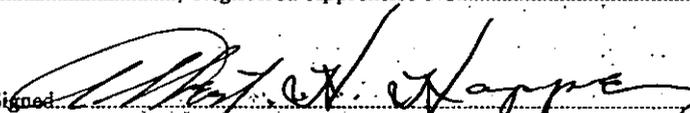
Address **1607 N. Grand** Date signed **12-23-40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....

Licensed Embalmer No. 1861.....

P. O. Address.....

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, fact should be so stated above.