

DEC 22 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37153

State File No. 8

9383

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 Days
(Specify whether
 In this community 50yrs.
years, months or days)

3. (a) PRINT FULL NAME Mose Melton

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 80 Months _____ Days _____ If less than one day
hr. min.

9. Birthplace _____ Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER { 12. Name Unknown
 13. Birthplace _____ Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace _____ Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison

(b) Address St. Louis City Hospital #1.

17. (a) Burial (b) Date thereof 11 27 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director J. W. White

(b) Address City Hospital #1.

19. (a) NOV 26 1941 (b) J. Bradeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Doo
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. Ozanam Shelter, 3225 Montgomery
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28,
 year 1941 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from October
19, 19 41 to October 28, 19 41;
 that I last saw him alive on October 28, 19 41;
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Carcinoma of skin of left
cheek
 Due to Bifid lower lobe
lobar pneumonia
 Due to Duodenal ulcer
 Duration
2 yrs.
3 days
4-5 yrs.

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 53
 Of autopsy Same 52
 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) (a) Means of injury

23. Signature Frank J. White M.D. or other _____
 Address 1515 Lafayette Avenue, Date signed 10/28/41

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.....

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.