

FILED AUG 24 1945
378

1003

Registrar's No. **6386**

Registration District No. _____ Primary Registration District 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 - Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial
(d) Length of stay: In hospital or institution 2 days (Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 001
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1452 S. Grand
(If rural, give location) 17/8
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edison Melvin
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pluma Melvin 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased April 29, 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>3</u>	<u>7</u>	hr. min.

9. Birthplace San Francisco Calif.
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business General Baking Co.

MOTHER FATHER 12. Name Edward D. Melvin

13. Birthplace Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Ella Keeler

15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Pluma Melvin
(b) Address 1452 S. Grand

17. (a) Burial (b) Date thereof 8/9/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Edith E. Ambruster. 1
(b) Address 4234 Manchester

19. (a) AUG 8 1945 (b) J. B. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6th
year 1945 hour 8:25 minute P. M.
21. I hereby certify that I attended the deceased from 8/4/45
19 8/6/45 to 8/6/45, 19 _____;
that I last saw him alive on 8/6/45, 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor, undiag. type
Due to _____
Due to _____

Other conditions Tuberculosis
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy Brain tumor

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) _____
Means of injury _____
23. Signature R. H. Stubblefield (M.D. or other) 23052
Address 1515 Lafayette 8/7/45 signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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17
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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..... 1284

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, fact should be so stated above.