No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 11270

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3290

**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: City Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13yrs.5mos.6ds. (Specify whether
In this community 24 yrs.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 0-00

(c) City or town St. Louis 1317
(If outside city or town limits, write "RURAL")

(d) Street No. 5400 Arsenal St. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ERASTUS MELSON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race white

6. (a) Single, widowed, married, divorced Sgl. 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. (Month) 14 (Day) 1886 (Year)

8. AGE: Years 60 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Huntsville (City, town, or county) Arkansas (State or foreign country) 1

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name James Melson
13. Birthplace Georgia (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Emeline Summers
15. Birthplace Tennessee (City, town, or county) (State or foreign country) 1

16. (a) Informant Thelma A Singler
(b) Address 5400 Arsenal St.

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 3-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W Richter
(b) Address 3500 Rutgers St

19. (a) MAR 28 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day m15
year 1947 hour 8.20 minute A. M.

21. I hereby certify that I attended the deceased from May 1, 1946 to March 15, 1947;
that I last saw him alive on March 15, 1947;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Lobar Pneumonia-right lower lobe | 4das |
| Senility | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 108 | |
| Major findings: Of operations | |
| Of autopsy No | |

PHYSICIAN
Underline the cause to which death should be charged statistically. 1

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Paul T. Hartman (M. D.)
Address 5400 Arsenal St Date signed 3/17/47

(Licensed Embalmer's Statement on Reverse Side)

## 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.**