No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19152

FILED JUN 13 1947

Registration District No. 318 | Primary Registration District No. 1093 | Registrar's No. 5329

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: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2220-r-Chouteau (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred Melton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucy Melton
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unk (Month) Unk (Day) 1890 (Year)
8. AGE Years abt. 57 | Months | Days | If less than one day hr. min.
9. Birthplace Miss. (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER 12. Name Not known
FATHER 13. Birthplace " " (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Not known
15. Birthplace " " (City, town, or county) (State or foreign country)
16. (a) Informant Lucy Lillian Melton
(b) Address 2220 Chouteau Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Ave
19. (a) MAY 29 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 26 year 1947 hour 5 minute 40 P M.
21. I hereby certify that I attended the deceased from May 13 1947 to May 26 1947 that I last saw him alive on May 26 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cirrhosis of Liver	Undet.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) None	
Major findings: Of operations	
Of autopsy No	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Edward B. Williams (M. D. or other)
Address 2601 N. Whittier Date signed 5/28/47

Jefferson City Printing Co. (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 Edgar H. Green Registered Apprentice No. 513, working under my personal supervision.

Signed H. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede Ave

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.