

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3487
State File No. 1062

FILED FEB 11 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6050a Maple Ave.				d. STREET ADDRESS (If rural, give location) 6050a Maple Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Martha Ann b. (Middle) Melton c. (Last) _____			4. DATE OF DEATH Month Jan. Day 26, Year 1953				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 19, 1862	
9. AGE (In years last birthday) 90		10. IF UNDER 1 YEAR Months 5 Days 7		11. IF UNDER 24 HRS. Hours 7 Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home			10b. KIND OF BUSINESS OR INDUSTRY Not employed			11. BIRTHPLACE (State or foreign country) Slaughters, Ky.	
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME David Donahue		13b. MOTHER'S MAIDEN NAME Ann Crowley		
14. NAME OF HUSBAND OR WIFE Jesse I. Melton, dec'd 4/10/			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		
17. INFORMANT'S SIGNATURE OR NAME Opal Irwin, 6050a Maple Avenue				ADDRESS 90			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Jan 2-5-53	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 483x			
22. I hereby certify that I attended the deceased from 1-25 , 19 52 , to 1/26/53 , 19 _____, that I last saw the deceased alive on Jan _____, 19 53 , and that death occurred at 10 P. m., from the causes and on the date stated above.							
23a. SIGNATURE H. G. Moore (Degree or title) M. D.				23b. ADDRESS 917 S. 18th Street		23c. DATE SIGNED 1/27/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/29/53		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Evansville, Ind.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 29 1953 J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rd.					

WRITE PLAINLY—USING 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 _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Ernest W. Spillars

Licensed Embalmer No. *14080*

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.