

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

7937

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **Missouri Pacific Hosp.** St. **1929** Ward)

2. FULL NAME

William Henry Mellinger
 (a) Residence, No. **7211 Gayola St.** Ward. **Maplewood Mo.**
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Sophie Mellinger**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 4, - 1866**

7. AGE YEARS **66.** MONTHS **7** DAYS **20** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Power Director**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Permanal RR**
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mount Joy Pa.**

MOTHER / FATHER 13. NAME **Wm. Mellinger**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pa.**

15. MAIDEN NAME **Unknown Arndt**

MOTHER / FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pa.**

17. INFORMANT **Mrs. Marie Kanan**
 (ADDRESS) **7211 Gayola**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Pickers** DATE **2/27, 1935**

19. UNDERTAKER **P. P. Crompton & Sons**
 (ADDRESS) **# 4449 Old Shaw Street**

20. FILED **75 6228** **1935** **19** **17**
 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/24**, 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 23**, 19**33**, to **Feb 24**, 19**33**
 I last saw him alive on **Feb 24**, 19**33**. Death is said to have occurred on the date stated above, at **9:15** m.

The principal cause of death and related causes of importance were as follows:

Bronchial Asthma Date of onset **15 yrs**
95 B
137 95 B
112
 Other contributory causes of importance:
Acute Myocardial Decompensation
Hypertrophied prostate **6 mm**

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify.....

(Signed) **W. B. Gray**, M. D.
 (Address) **1755 S Grand**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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