

APR 12 1938

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

8342
Do not use this space.

1. PLACE OF DEATH 3130 Lucas
 (a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1003
 (c) City ST LOUIS (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Melrose Harmon Flewellen
 (a) Residence, No. 3130 Lucas St. 21
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13 1938
 7. AGE YEARS MONTHS DAYS 2 16 (IF LESS than 1 day, hrs. or min.)
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) ST LOUIS MO.

FATHER 13. NAME Miles Flewellen
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweet Home Ark.

MOTHER 15. MAIDEN NAME Anna Mae Irvin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Miss.

17. INFORMANT (ADDRESS) Anna Mae Flewellen 3130 Lucas

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Mar. 6 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. L. Garner 2829 Washington

20. FILED MAR 5 1938 J. B. Bridger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 1st 1939
 22. HEREBY CERTIFY, That I attended deceased from February - 5 - 1939, to March - 1st - 1939
 I last saw him alive on March - 1st - 1939. Death is said to have occurred on the date stated above, at 5 A. m.

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

Bronchopneumonia, primary
107a

Date of onset Feb. - 5th - 1939

Other contributory causes of importance: Exposure to cold (Coldness of room)

Name of operation Date of
 What test confirmed diagnosis? None 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 None
 (Signed) O. W. Johnson M. D.
 (Address) 1046 N. Vandeventer

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.

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

Arthur L. Hilliard

Licensed Embalmer No. *3389*

P. O. Address

3028 Dickson

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, above space should be left blank.