

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.

JAN 12 1940

Registration District No. 201

Primary Registration District No. _____

1. PLACE OF DEATH: 1003
 (a) County _____
 (b) City or town St. Louis, Missouri
 (c) Name of hospital or institution: City Hospital, #1.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 Days
 (Specify whether _____)
 In this community _____
 (years, months or days)

3. (a) PRINT FULL NAME Onie Melton
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife L. W. Melton
 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased Oct. 6 1893
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 2 3 _____ hr. _____ min.

9. Birthplace Atwood Tenn.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
 12. Name Deck Sullivan
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Blue
 15. Birthplace Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. D. Melton
 (b) Address 1501 Destrehan

17. (a) Removal (b) Date thereof 12/10/39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation 51 Fredricktown, Mo.

18. (a) Signature of funeral director Albert H. Hoppe.
 (b) Address 4700 Washington Ave.

19. (a) DEC 11 1939 (b) J. F. Brueck
 (Date received local registrar) (Registrar's signature)

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. 1501 Destrehan
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9,
 year 1939 hour 5:55 minute A. M.
 21. I hereby certify that I attended the deceased from November
27, 1939, to December 9, 1939;
 that I last saw him alive on December 9, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia, monocytic
 Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to 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? _____

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

23. Signature Harold Friedman (M. D. or other) _____
 Address 1515 Lafayette, 12/9/39 Date signed _____

10560

10560

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.....

J.G. Sullivan

Licensed Embalmer No. 1122

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, above space should be left blank.