

No. 2
M-5-43
5-17-39
X36671

Registration District No. **3348**

Primary Registration District No. **1003**

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

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:
Residence; 5333 Patton Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....

3. (a) PRINT FULL NAME Melvin JEANNETTA PICHA

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 6 1887
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day

59	10	6	hr. min.
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9. Birthplace. unknown Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Retired;

11. Industry or business Physician

12. Name Erick Shorts.

13. Birthplace unknown Canada
(City, town, or county) (State or foreign country)

14. Maiden name unknown Kizzy.

15. Birthplace unknown Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Picha.

(b) Address 6113 Louisiana Ave.

17. (a) Burial (b) Date thereof 3/15/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Independent Evang. Prot. Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) MAR 15 1947 (b) J. F. Bredeck
(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. 5333 Patton Ave.,
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1947 hour 7:10 minute P. M.

21. I hereby certify that I attended the deceased from Feb 1
1947 to March 12 1947
way alive on 3/12
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Cardiac Deкомпensation
Rheumatic endocarditis
Chronic rheumatic fever

Due to Myocarditis 6 wks

Due to Rheumatic many years

Other conditions 92
(Includes 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 [Signature] (M. D. or other) 0
Address 2322 N. 1st St. St. Louis Date signed 3/13/47

8826

Dr. William A. M. Murray
2327 No. Kingshighway.
St. Louis 4667
Mo.
2764

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 Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis, Mo.

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.