

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

Do not use this space.

18449

1. PLACE OF DEATH

County.....
Township.....
City, St. Louis (No. 4368 Beck)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 4772
St. 7 Ward)

2. FULL NAME

Robert J. Matthews
(a) Residence. No. 4368 Beck St., 15 Ward.

(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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willard Filmore Matthews

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 9th 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 1 22

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Geo. T. Matthew Oil Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

10. NAME OF FATHER Geo. Matthews

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Deptford England

12. MAIDEN NAME OF MOTHER Eliza Christian

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT William M. Sanford
(Address) 5019 Ewing St. St. Louis

15. FILED May -2 1928
Max C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1st 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1928, to May 1st 1928, that I last saw him alive on April 29th 1928, and that death occurred, on the date stated above, at 7:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Regurgitation 926
900

CONTRIBUTORY (SECONDARY) Acute Dyscompensation
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF.....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. C. H. Hooper, M. D.
57, 1928 (Address) 3860 S. Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Bellefontaine May 3 1928

20. UNDERTAKER ADDRESS

Wagoner 3621 Oline

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.

PERMANENT RECORD

