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

Do not use this space.

12320

File No. 2838

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 5600, Arsenal St. 41 St. 2 Ward)

2. FULL NAME Hazel Mathieu

(a) Residence. No. 2300 Newhouser St., 20 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 1 mos. 20 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 12, 1921

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	8	1	20	

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

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

PARENTS

10. NAME OF FATHER Fred Mathieu

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

12. MAIDEN NAME OF MOTHER C. Beuhner

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

14. INFORMANT Lorraine Kroner
(Address) 5600 Arsenal St.

15. FILED ..... 1929 Mary C. Starkel, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/2 1929

17. I HEREBY CERTIFY, That I attended deceased from 2/N, 1929, to 3/2 3/2, 1929 that I last saw her alive on 3/2, 1929, and that death occurred, on the date stated above, at 4.45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria, Pharyngeal + Nasal
Septic Sore Throat

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (SECONDARY) Myocarditis, Acute

(duration) yrs. mos. 3+ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 2300 Newhouser

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS

3/2, 1929 (Signed) Lucie M. Lee, M. D.
(Address) 5600 Arsenal St.

*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 Calvary. DATE OF BURIAL Mar. 5, 1929

20. UNDERTAKER Guedmeyer ADDRESS 3934 F. 20

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

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.

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