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

Do not use this space.

13115

1. PLACE OF DEATH

County ..... Registration District No. 791 1002

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

City St. Louis Mo. (No. 2604 Clifton Ave. St. ..... Ward)

File No. .....

Registered No. 3673

2. FULL NAME Barbarba Mathews

(a) Residence. No. 2604 Clifton Ave. St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20/1841

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	87	10	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Work 93C

(b) General nature of industry, business, or establishment in which employed (or employer) 87E

(c) Name of employer 99

9. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY) N.Y.

PARENTS

10. NAME OF FATHER Joseph Meyer

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT R. H. Mathews
(Address) Evansville Ill

15. FILED Mar 25, 1929 Max C Starkey REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1928, to Mar 24, 1928 that I last saw her alive on Mar 20, 1929, and that death occurred, on the date stated above, at 10 P. 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(1) Myocarditis Chr. (Acute Dilatation)
(2) Arterio Sclerosis (General)
(3) Paralysis Agitans

..... (duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis Ed
Paralysis Agitans (duration) 10? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H. H. Cleveland, M. D.

, 19 (Address) 5930 Southwest Av

*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
Evansville Ill	Mar. 26 1929
20. UNDERTAKER	ADDRESS
W. H. Mathews Und	Evansville Ill

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.

DR. H.F.Cleveland
5930 South West Ave.
Hi. 0750
Between 8&9