

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

Do not use this space.

25819

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis, (No. 4953, M. C. Pherson, Ave. Ward)

File No. 6980
 Registered No. 6980

2. FULL NAME

(a) Residence. No. 4953 M. C. Pherson, Ave. Ward, St. Louis
 (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. 12 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 Flarence Mateer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 6, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 2 25

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Sporting Goods Buyer
 (b) General nature of industry, business, or establishment in which employed (or employer) Geller-Hard + Haener Co.
 (c) Name of employer

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

10. NAME OF FATHER Ross Mateer

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

12. MAIDEN NAME OF MOTHER Marcha Ann Wilson

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

14. INFORMANT Mrs. Florence Mateer
 (Address) #4953 M. C. Pherson Ave

15. FILED May 21 1929 REGISTRAR W. C. Sturley

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1st, 1929

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1929, to July 1, 1929 that I last saw him alive on June 31, 1929, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
 (duration) yrs. mos. ds. 1

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) John J. Kehoe, M. D.

(Address) 7145 St. Louis

*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 Bellefontaine DATE OF BURIAL July 3, 1929

20. UNDERTAKER E. R. Dugpton ADDRESS #4449

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.

WHILE FADING INK—THIS IS A PERMANENT RECORD

" 4145 St. Louis, Mo.

3. P. W.