

MAY 28 1930

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

Do not use this space.

13937

1. PLACE OF DEATH

County St. Louis
Township JARONDELET
City Sappington, Mo. (No. Sappington, Mo.)

Registration District No. 1125
Primary Registration District No. 6248 G

File No. _____
Registered No. A259
St. _____ Ward _____

2. FULL NAME Amiable Matoushek

(a) Residence. No. Sappington, Mo. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Louis Matoushek

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 18, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
48 2 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Homsewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER George Pfeiffer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Stella Devinyey

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

14. INFORMANT Louis Matoushek
(Address) R.R. #6 Webster Groves, Mo.

15. FILED 4/29/30 L. C. Obrock, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28, 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1930, to April 27, 1930, that I last saw her alive on April 27, 1930, and that death occurred, on the date stated above, at 5:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer right breast & ovary

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) 8 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) Engelbert W. Orsted, M.D.

Apr. 28, 1930 (Address) 405 Walnut Grove Mo

*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

New St. Marcus

DATE OF BURIAL

Apr. 30, 1930

20. UNDERTAKER

Wacker-Helaluk

ADDRESS

2331 S. Brdwy.

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.

THIS IS A PERMANENT RECORD

