

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

Do not use this space.

27896

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1170  
Township Richmond Heights Primary Registration District No. 6284  
City (No. St. Mary's Hospital) St. St. Louis Ward 192

**2. FULL NAME**

Mary Mathews  
(a) Residence No. 2920 Oregon Avenue St. St. Louis, Mo. Ward 192  
(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 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 Mathews

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 15, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 9 15

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Anton Hoelker  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany  
12. MAIDEN NAME OF MOTHER Veronica Stoerk  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Louis Mathews No. 192  
(Address) 2920 Oregon Avenue

15. FILED 8/2 19 31 L. Jensen REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 1 19 30

17. I HEREBY CERTIFY, That I attended deceased from July 28, 1930 to Aug 1, 1930 that I last saw him alive on Aug 1, 1930 and that death occurred, on the date stated above at 6:28 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

1. Broncho-Pneumonia 6:28 P.M.  
1211  
122B

CONTRIBUTORY (SECONDARY) Substantial obstruction of appendix - also cholecystitis  
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED at home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF —  
WAS THERE AN AUTOPT? Yes  
WHAT TEST CONFIRMED DIAGNOSIS Autopsy  
(Signed) H.D. Spickard M. D.

, 19 (Address) 837 Union Club Bldg

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL SS. Peter & Paul Cemetery DATE OF BURIAL Aug. 4, 1930

20. UNDERTAKER H. E. Gebken & Co. ADDRESS 2842 Meramec.

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.

