

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

Do not use this space.

**34572**

**1. PLACE OF DEATH**

County..... Registration District No. 781  
 Township..... Primary Registration District No. 9000  
 City St Louis (No. De Paul Hospital)  
 File No.....  
 Registered No. 9951  
 St. .... Ward)

**2. FULL NAME**

Sarah Elizabeth Matson  
 (a) Residence. No. 3024 Abner Pl St., ..... Ward. ....  
 (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 Jon Matson  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4 1887  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
43      9      14  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Home  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)..... England  
 (STATE OR COUNTRY)  
 PARENTS  
 10. NAME OF FATHER Char Ventres  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... England  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Ann Wilhelm  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... England  
 (STATE OR COUNTRY)

14. INFORMANT Jon Matson  
 (Address) 3024 Abner Pl

15. FILED NOT 2011, 19 May 6 Starkoff  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 18 1930  
 17. I HEREBY CERTIFY, That I attended deceased from mid 18, 1929, to Oct 18, 1930  
 that I last saw her alive on Oct 17, 1930, and that death occurred, on the date stated above, at 1:30 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Ch. glomerular nephritis  
131  
 (duration) 1 yrs. 6 mos. .... ds.

CONTRIBUTORY (SECONDARY) 129W  
 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH No

DID AN OPERATION PRECEDE DEATH? No DATE OF.....  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Laboratory  
 (Signed) W. E. Starks M. D.  
118 19 30 (Address) Univ Club

\*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 Cem DATE OF BURIAL Oct 20, 1930

20. UNDERTAKER Duhmann Haul ADDRESS 1905 Union

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

K. 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.

W. J. D. ...  
University Club B

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