

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

Do not use this space.

26872

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1008**  
City **St. Louis** (No. **Barnes Hosp**) ..... St. ..... Ward)

2. FULL NAME

**Estella Matthews**  
(a) Residence, No. .... St. .... **12** Ward. **National City Ill**  
(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 <i>Female</i>	4. COLOR OR RACE <i>Negro</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Enoch Matthews</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 22, 1892</i>				
7. AGE	YEARS <i>39</i>	MONTHS <i>1</i>	DAYS <i>26</i>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House wife</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Silver Creek Miss</i>				
MOTHER FATHER	13. NAME <i>Tom Barnes</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss</i>			
	15. MAIDEN NAME <i>Lucy Edmund</i>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss</i>				
17. INFORMANT <i>Enoch Matthews</i> (ADDRESS) <i>National City Ill</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>West St. Louis Ill</i> DATE <i>July 26, 1931</i>				
19. UNDERTAKER <i>Miss E. St. Louis</i> (ADDRESS) <i>St. Louis Ill</i>				
20. FILED <i>L 21 1931</i> <i>W. C. Stanley</i> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-18*, 19*31*

22. I HEREBY CERTIFY, That I attended deceased from *6-22*, 19*31*, to *7-18*, 19*31*  
I last saw her alive on *7-18*, 19*31*. Death is said to have occurred on the date stated above, at *3:48 p.m.*  
The principal cause of death and related causes of importance were as follows:  
*Bronchopneumonia*  
*48*  
*107A*  
Date of onset *7-16-31*

Other contributory causes of importance:  
*Carcinoma of Cervix uteri*

Name of operation *48* Date of operation *7-18-31*  
What test confirmed diagnosis? *Riomy* Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? .....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? *no*  
If so, specify *Miss Estella*  
(Signed) *Enoch Matthews*, M. D.  
(Address) *600 St. Louis Ave*

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.

