

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

Do not use this space.

17656

1. PLACE OF DEATH

County..... Registration District No. 707
 Township..... Primary Registration District No. 901x2
 City St. Louis Mo. (No. City Hospital 2) St. Ward)

File No.
 Registered No. 4596
 St. Ward)

2. FULL NAME

Henry Mathews
 (a) Residence, No. 11006 N. Leonard St. 21 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE Col
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abk 72 - -

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. laborer
 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) M. C. 2

FATHER
 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER
 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT A. S. Beal (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 5/11 1932

19. UNDERTAKER A. S. Beal (ADDRESS) 2786 N. 1st St. St. Louis

20. FILED May 11 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-7, 1932, to 5-7, 1932.
 I last saw him alive on 5-7, 1932. Death is said to have occurred on the date stated above, at 7:50 p.m.
 The principal cause of death and related causes of importance were as follows:

SIA
Cerebral Hemorrhage
 Other contributory causes of importance:
HTN

Name of operation Autopsy Date of 5/11/32
 What test confirmed diagnosis? Autopsy 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?
 If so, specify

(Signed) Cross Smith, M. D.
 (Address) CITY HOSP. No. 2

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.

