

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

Do not use this space.

24921

1. PLACE OF DEATH

County..... Registration District No. 25
Township..... Primary Registration District No. 100
City St. Louis Mo. (No. 3024 Shenandoah)

File No.....
Registered No. 7095
St..... Ward.....

2. FULL NAME

(a) Residence, No. 3024 Shenandoah Ward. 17

(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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 9 - 1869</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>5</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>11 235</u>	
	10. Date deceased last worked at this occupation (month and year) <u>7 - 1932</u>	11. Total time (years) spent in this occupation <u>3 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
MOTHER FATHER	13. NAME <u>Fremont Matthews</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Mrs. Gimmis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Mr. Moore</u> (ADDRESS) <u>3024 Shenandoah av.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bell Mo.</u> DATE <u>Aug 1</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>E. J. Schurer</u> <u>312 W. Lafayette Ave.</u>		
20. FILED <u>7/31/32</u> 19 <u>32</u> <u>W. J. Hamling</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1932

22. I HEREBY CERTIFY, That I attended deceased from July 19 1931, to July 30 1932
I last saw him alive on July 28 1932 - Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:
Valvular Heart Dis
A2-A
127B
92A
Other contributory causes of importance:
White Cholesterol
7/23/32
12

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.....
(Signed) W. J. Hamling, M. D.
(Address) 1259 N. Humphreys

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.

