

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

Do not use this space.

36982

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**1. PLACE OF DEATH**

County St. Louis  
Township St. Louis  
City Central (No. Chicago Blvd.)

Registration District No. 789  
Primary Registration District No. 6033B

File No. \_\_\_\_\_  
Registered No. 314  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Chicago Blvd. 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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Char. C. Lewis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
Abt. 57 - - - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 335

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

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) East Tenn. Tenn.

13. NAME Elie Matlock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Tenn. Tenn.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " 31

17. INFORMANT (ADDRESS) Chas. C. Lewis Chicago Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 11/19th 1932

19. UNDERTAKER (ADDRESS) W. J. Gordon and Co. 2649 Morgan Street.

20. FILED 11/17 1932 Volle Dwyer, M.D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/16th 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, 11:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Chronic Valvular Disease Date of onset \_\_\_\_\_

Other contributory causes of importance: 92A 92A 5

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
Who performed diagnosis \_\_\_\_\_ Was there an autopsy? No

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) John O'Connell, M. D.  
(Address) Carroll of St. Louis County.

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.

JAN 5 1933

MARGIN RESERVED FOR BINDING

