

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

Do not use this space.

7362

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 10th St
 City St Louis (No. St Anthony's Hospital) Registered No. 1312
 St. _____ Ward _____

2. FULL NAME

Edna B Matthews
 (a) Residence, No. 6227 S Kingshighway Ward 2.
 (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>F</u>		4. COLOR OR RACE <u>N</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Walter Matthews</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 5 - 1892</u>					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>40</u>	<u>4</u>	<u>29</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>				
	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) <u>Missouri</u>					
FATHER	13. NAME <u>Frederick Keller</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>				
MOTHER	15. MAIDEN NAME <u>Isabella Koresky</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bohemia</u>				
17. INFORMANT (ADDRESS) <u>Walter Matthews</u> <u>6227 S Kingshighway</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mo Cemetery</u> DATE <u>Feb 7</u> 19 <u>33</u>					
19. UNDERTAKER (ADDRESS) <u>John K Ziegenhain</u> <u>7028 Maryland</u>					
20. FILED <u>FEB -6 1933</u> <u>Max C. Starbuck</u> Registrar					

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1933

22. I HEREBY CERTIFY, that I attended deceased from January 31 1933, to February 4 1933.
 I last saw her alive on February 4 1933. Death is said to have occurred on the date stated above, at 6 A m.
 The principal cause of death and related causes of importance were as follows:
Acute Myocarditis. Date of onset 2/2/33
54B
139C
193A; 4B

Other contributory causes of importance:
Chronic Fibroid Heart
Malignant 5 years

Name of operation Hysterectomy Date of 1/15/33
 What test confirmed diagnosis? physical 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) A. L. Hertel M. D.
 (Address) 3608 S. Grand Blvd

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.

