

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.

NOV 10 1933

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

Do not use this space.

34534

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1000
City St. Louis (No. 4427 Susan Ave) St. _____ Ward _____

File No. _____
Registered No. 8589
St. _____ Ward _____

2. FULL NAME Henry N. Math

(a) Residence, No. 4427 Susan Ave St. 18 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Math

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 11 19

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

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

10. Date deceased last worked at this occupation (month and year) 6 mo ago 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Nicholas Math

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Bertha Math (ADDRESS) 4427 Susan Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE 10 - 21 - 33

19. UNDERTAKER Thomas Bauer Mortuary (ADDRESS) 4104 Manchester Ave

20. FILED Oct - 6 1933 J. H. Beck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1933 to Oct. 4, 1933

I last saw him alive on Oct. 4, 1933. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Catastrophic Stomach
9:30
11:00
Date of onset _____

Other contributory causes of importance:
Heart failure
Acute Myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) H. A. G. Frye, M. D.
(Address) 4421 Manchester Ave

4488 Manchester
4491