

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

Do not use this space.

37935

NOV 13 1934

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St. Louis (No. 2048 E. Prairie Ave St. Ward) (If nonresident, give city or town and State)

File No.
Registered No. **10423**

2. FULL NAME Fred Mathieu

(a) Residence, No. 2048 E. Prairie Ave St., 9 Ward.

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>Male</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 <u>Catherine Mathieu</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 21 - 1880</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>4</u>
	DAYS <u>4</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>Moulder</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>St. Louis Mo.</u>		
FATHER	13. NAME <u>Peter Mathieu</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Stuber</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Catherine Mathieu</u> (ADDRESS) <u>2048 E. Prairie Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calmery</u> DATE <u>Oct 29 1934</u>		
19. UNDERTAKER <u>Hy Leidner Mdd Co</u> (ADDRESS) <u>1447 N. Market St</u>		
20. FILED <u>OCT 28 1934</u> <u>J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 - 1934 to Oct 25, 1934.
I last saw him alive on Oct 25, 1934. Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:
Spinal Meningitis 2 Wks
Rx side
Other contributory causes of importance
106
Name of operation Date of
What test confirmed diagnosis? Physic 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
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) J. Bredeck, M. D.
(Address)

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.

OCT 2 1962