

NOV 22 1934

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

Do not use this space.

41552

1. PLACE OF DEATH

County St. Louis Mo.

Registration District No. 1170

Township Central

Primary Registration District No. 62484

City Rushmore Mo. (No. St. Marys Hospital)

File No. _____

Registered No. 181

St. _____ Ward _____

2. FULL NAME THOMAS MATHENY

(a) Residence, No. 816 Milentz St. St. Louis

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26, 1934

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

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

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) St. Louis Mo.

13. NAME Eugene Matheny

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

15. MAIDEN NAME Lorraine Hotz

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

17. INFORMANT (ADDRESS) Leo Hotz

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter Paul DATE Nov 8 - 1934

19. UNDERTAKER (ADDRESS) W. A. McLaughlin
2301 Lafayette

20. FILED 11/6 St. Gertrude Porter Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1934, to Nov 6, 1934, 1934

I last saw him alive on Nov 6, 1934. Death is said

to have occurred on the date stated above, at 1:15 p.m.

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

Ateletasis Date of onset 10-27-34

Other contributory causes of importance:

Constitutional Debility Birth
Cleft Palate

Name of operation _____ Date of _____

What test confirmed 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 _____, 1934

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) Eugene H. Edele, M. D.

(Address) St. Marys Hosp. St. Louis

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.

