

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

Do not use this space.

39623

NOV 4 1936

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1. PLACE OF DEATH

County.....
Township.....
City **St. Louis, Mo.**

Registration District No.....
Primary Registration District No.....
(No. **CITY INFIRMARY**)

File No.....
Registered No. **10067**
St..... Ward)

2. FULL NAME **Mary Mathews,**
(a) Residence, No. **City Infirmary Hospital** St. Ward. **13**
(Usual place of abode) **5800 Arsenal St.** (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **5** 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 Colored | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>abt 1864</i> | | | | |
| 7. AGE 1864 | YEARS 72 | MONTHS ? | DAYS ? | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X | | | |
| | 10. Date deceased last worked at this occupation (month and year) X | | | |
| 11. Total time (years) spent in this occupation | | | | |
| MOTHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia. | | | |
| | 13. NAME <i>Lunk</i> Glaze | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia. | | | |
| FATHER | 15. MAIDEN NAME <i>unknown</i> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia. | | | |
| | 17. INFORMANT <i>E. Molony</i> (ADDRESS) <i>5800 Arsenal St.</i> | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <i>FATHER DICKSON</i> DATE <i>OCT 24</i> 1936 | | | | |
| 19. UNDERTAKER <i>A. L. BEAL UND CO</i> (ADDRESS) <i>2726 LUCAS AVE</i> | | | | |
| 20. FILED <i>OCT 24 1936</i> <i>J. F. Bredick</i> Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 18, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **August 18, 1936** to **October 18, 1936**
I last saw her alive on **October 18, 1936** Death is said to have occurred on the date stated above, at **3:00 P.M.**
The principal cause of death and related causes of importance were as follows:
HYPERTENSIVE HEART DISEASE
Date of onset *9/5*

Other contributory causes of importance:
ARTERIOSCLEROSIS, Generalized

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) *R. Gray*, M. D.
(Address) *5600 Arsenal*

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.

