

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

Do not use this space.

1. PLACE OF DEATH

96 County 1239 N 9th
Township
City ST. LOUIS MO. (No. 1239 N. 9th St.)

FEB 8 1937 791

Registration District No. 791
Primary Registration District No. 1003

File No. 3778
Registered No. 814
St. _____ Ward _____

2. FULL NAME MARY MATT.

(a) Residence, No. 1239 N 9th St., 25 Ward. (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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-4 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 40 0 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 234

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

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) TENN

13. NAME PEARCE PERSON

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

15. MAIDEN NAME MATTIE FULLER

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

17. INFORMANT MATTIE PERSON (ADDRESS) 1239 N 9th STREET

18. BURIAL, CREMATION, OR REMOVAL PLACE FATHER DIXON DATE 1-20 1937

19. UNDERTAKER (ADDRESS) WOODS FUNERAL HOME 2734 SHERIDAN AVE

20. FILED JAN 19 1937 J. Bredeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14 1937

I HEREBY CERTIFY that I attended deceased from Jan. 11 1937 to Jan. 14 1937. I last saw her alive on Jan. 13 1937. Death is said to have occurred on the date stated above, at 12:10 a.m. The principal cause of death and related causes of importance were as follows: Lobar Pneumonia (Date of onset Jan. 4)

Other contributory causes of importance: L. Miffe. Bronchitis

Name of operation _____ Date of _____
What test confirmed diagnosis? Culture (Specify on 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? no.
If so, specify _____
(Signature) J. P. Flowers M. D.
(Address) 1711 N. 10th St.

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.

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