

REC'D APR 11 1938

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

0482
Do Not Use This Space.

1. PLACE OF DEATH

(a) County Registration District No. 2
(b) Township Primary Registration District No. 75
(c) City, Saint Louis, Missouri Street No. Saint Louis Maternity Hospital St. (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred - yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? 25 yrs. - mos. - ds.

2. PRINT FULL NAME

Anna Matt
(a) Residence, No. 1210 Trendley Avenue St. East Saint Louis, Illinois (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED MR. JOSEPH MATT HUSBAND OR WIFE OF Mr. Joseph Matt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1905
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 8 26
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
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) Czecho Slovakia
13. NAME Joe Drab
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho Slovakia
15. MAIDEN NAME Anna Fetyko
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho Slovakia

17. INFORMANT (ADDRESS) Mr. Joe Drab - Brother East S. Louis, Ill.
18. BURIAL, CREMATION, OR REMOVAL PLACE E. St. Louis, Ill. DATE March 31, 1938
19. FUNERAL DIRECTOR (ADDRESS) John Grassy East St. Louis, Ill.
20. FILED MAR 31 1938 J. P. Bredich Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-27, 1938, to 3-30, 1938

I last saw her alive on 3-30, 1938 Death is said

to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

Hyperemesis Gravidarum
malnutrition from above
Date of onset 14/7

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 H. Hauptman M. D.
(Signed) St. Louis Maternity Hosp.
(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.

U. S. 10-7-37

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Paul A Keith, Licensed Embalmer No. 3612

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 3612 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Paul A Keith

Licensed Embalmer No. 3612

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)