

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
100312956
Do not use this space.

Registered No. 3560

1. PLACE OF DEATH

- (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City, St. Louis (d) Street No. St. Johns 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? yrs. mos. ds.

2. PRINT FULL NAME

- Paul Matthews 320
 (a) Residence, No. 2121 N. Tenth St. St. 16 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 29, 1890</u>		
7. AGE	YEARS	MONTHS
	<u>47-</u>	<u>4</u>
		<u>26</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Pipe Fitter</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Sprinkler Co.</u>		
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>		
13. NAME <u>Mathew Matthews</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
15. MAIDEN NAME <u>Julia Cahill</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
17. INFORMANT <u>Genevieve Matthews</u> (ADDRESS) <u>2121 N. Tenth St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>Apr. 18, 1938</u>		
19. FUNERAL DIRECTOR <u>Paul's Own Funeral Home</u> (ADDRESS) <u>4911 Washington Blvd.</u>		
20. FILED <u>APR 16 1938</u> <u>J.P. Brebeck</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-5-38, 1935, to 4-14, 1938
 I last saw him alive on 4-14, 1938. Death is said to have occurred on the date stated above, at 12:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis, fibrillation of the myocardium, myocardial degeneration
 Date of onset 4-13-38
1936

Other contributory causes of importance:
Calciumosis of myocardium

Name of operation gastrostomy Date of 4-11-38
 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 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

(Signed) H. R. Kessler M. D.
 (Address) 1543 Miller St. St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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BUREAU OF VITAL STATISTICS

STATEMENT BY LICENSED EMBALMER

I, Elton R.H. Remelius, Licensed Embalmer No. 3154

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Elton R.H. Remelius

Licensed Embalmer No. 3154

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.)