

REC'D JUN 7 1938

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

19526

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township Clayton Primary Registration District No. 111  
(c) City Richmond Heights (d) Street No. St. Mary's Hospital Registered No. 817  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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

Mattie E. Rhea, 300  
(a) Residence, No. 6315 Alamo Ave St.  Clayton, Mo.  
(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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1852-6-22

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
85 10 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
9. Industry or business in which work was done, as 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) Chamois, Mo.FATHER 13. NAME William Bryant14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?MOTHER 15. MAIDEN NAME Mary V. Griever,16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.17. INFORMANT Elmer R. Taff (ADDRESS) 6315 Alamo Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul's Churchyard 5/17/3819. FUNERAL DIRECTOR Robert J. Ambruster (ADDRESS) Clayton Rd at Concordia Lane20. FILED 5-16 1938 G. R. Meyer Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 193822. I HEREBY CERTIFY, That I attended deceased from March 20, 1938 to May 15, 1938I last saw her alive on May 15, 1938 Death is said to have occurred on the date stated above, at 11:35 p.m.

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

Myocardial Insufficiency  
Senility 186  
Fractured R Femur  
Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? fall Date of injury 5-21, 1938  
Where did injury occur? Fall in bedroom - home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury Fall in home  
Nature of injury Fractured R Femur24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_(Signed) Carleton Bldg. M. D.  
(Address)

**STATEMENT BY LICENSED EMBALMER**

I, Robert J. Ambruster, Licensed Embalmer No. 1994

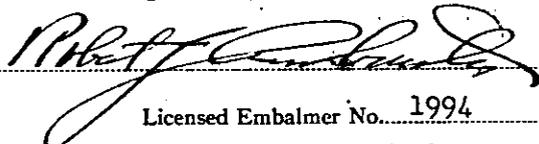
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

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

working under my personal supervision.

Signed.....

  
Licensed Embalmer No. 1994

**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.)**