

REC'D AUG 12 1938

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

23227
Do not use this space.

1. PLACE OF DEATH

(a) County / Registration District No. **791**
(b) Township / Primary Registration District No. **1008**
(c) City **St. Louis.** (d) Street No. **City 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

Gertrude Matthews
(a) Residence, No. **4925 Columbia Ave.** St. **13**
(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 **F.** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced.**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wm. Matthews**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 2 1880**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 4 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
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) **Mo.**

FATHER 13. NAME **Lorenzo Keaton**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Lillie Wiggins**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

17. INFORMANT **William Matthews**
(ADDRESS) **4925 Columbia Ave.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Salem Mo.** DATE **July 2nd. 1938**

19. FUNERAL DIRECTOR **Jay B. Smith Funeral Home**
(ADDRESS) **7456 Manchester Ave. Hanleywood Mo.**

20. FILED **JUL 1 1938**
J. D. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Artificial Obstruction due to adhesions caused by previous operation. Time Unknown

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

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 **Wd**

24. Was disease or injury in any way related to occupation of deceased? If so, specify
Joseph M. Quinn (Signed) **Deputy Coroner**

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.

STATEMENT BY LICENSED EMBALMER

I, H. E. Burgess, Licensed Embalmer No. 4029
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 H. E. Burgess
Licensed Embalmer No. 4029

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.)