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.

50M-7-20-37 I X12004

REC'D AUG 12 1938

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

24033
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis,
Registration District No. 791
Primary Registration District No. 1003
Registered No. 6727
(d) Street No. Lutheran 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 Matthew Whiteford, 316
(a) Residence, No. 5304 Landsdown Ave., St. 14
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Annie C. Whiteford,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan'y 12, 1862.

7. AGE: YEARS 76 | MONTHS 6 | DAYS 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as saw mill, bank, etc.: Mail carrier
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): Ireland. 5

FATHER
13. NAME: Unknown. 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. 5

MOTHER
15. MAIDEN NAME: Mary Beggs,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland.

17. INFORMANT (ADDRESS): Miss Annabel Whiteford, 5304 Landsdown Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE St. Pauls Church yard. DATE July 28, 1938

19. FUNERAL DIRECTOR (ADDRESS): Wagoner Undertaking Co. 3621 Olive St.

20. FILED JUL 28 1938 J. D. Bridick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 37, 1937, to July 26, 1938
I last saw him alive on July 26, 1938. Death is said to have occurred on the date stated above, at 1045 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic fever, caused by chronic Rheumatic fever	7/20
Other contributory causes of importance:	
Chronic Bronchitis	1920
Nutritis	1934
Ulcer Duodenum	1936

106 b

Name of operation no Date of
What test confirmed diagnosis? Lab & phys. 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) Walter F. Kelley, M. D.
(Address) Afton

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Neville D. Frohwitter, Licensed Embalmer No. 3696

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 Neville D. Frohwitter

Licensed Embalmer No. 3696

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.)