14 1938

OCT 6 1938

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

33319
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis, ~~Missouri.~~ Registration District No. 784
(b) Township Primary Registration District No. 111 Registered No. 1503
(c) City Rich Hgts (d) Street No. 1403 Silverton Place 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 Hannah Matlock
(a) Residence, No. 1403 Silverton Place., St.
(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jhon R. Matlock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 20, 1858

7. AGE: YEARS 80 | MONTHS 5 | DAYS 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
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) 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri.

FATHER
13. NAME: Robert Sorrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Virginia.

MOTHER
15. MAIDEN NAME: Polly Ann Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri.

17. INFORMANT (ADDRESS): J. R. Matlock 1403 Silverton Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. James Mo. DATE Sept 14, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Albert H. Hoppe Inc., 429 N. Euclid Ave.

20. FILED ....., 19.... [signature] Local Registrar.

SEP 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 26, 1938 to Sept. 13, 1938
I last saw her alive on Sept. 12, 1938. Death is said to have occurred on the date stated above, at 12:11 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fall on floor.	8/26/38

1860 OK John E. Connell Coroner

Other contributory causes of importance:

Fracture neck left femur.	8/26/38
Broncho Pneumonia, acute.	9/12/38

Name of operation Reduction fracture Date of 8/28/38
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accid. Date of injury 8/26, 1938
Where did injury occur? Richmond Heights, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Stumbled over foot stool.
Nature of injury Fracture neck left femur.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) Robert E. Warren, M. D.
(Address) 1115 Paul Brown Bldg. St Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.