

NOV 26 1938

DEC 13 1938

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

40424
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
(b) Township Carondelet Primary Registration District No. 200
(c) City Jefferson Barracks (d) Street No. Vet St 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 Unkn. yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Finnie M. Mathis

(a) Residence, No. 2938 Henrietta Avenue, Saint Louis st. Missouri.
(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 Mrs. Helen Mathis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1892.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 2 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Construction Work
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) Martin, Tennessee.

FATHER 13. NAME William Mathis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Manda Brisintine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vir Tennessee

17. INFORMANT Clinical Schulten Jefferson Barracks, Missouri

18. BIRTHPLACE OR REMOVAL to PLACE Martin, Tenn. DATE 11/26/38

19. FUNERAL DIRECTOR A. W. McLaughlin 2301 Lafayette Avenue

20. FILE NOV 26 1938 DR. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 25 1938

22. I HEREBY CERTIFY, That I attended deceased from November 24, 1938, to November 26, 1938
I last saw him alive on November 25, 1938. Death is said to have occurred on the date stated above, at 3:40P. m.
The principal cause of death and related causes of importance were as follows:

Perforated Peptic Ulcer with secondary peritonitis. Date of onset Unkn.

Other contributory causes of importance: None.

Name of operation None Date of None
Phys. clinical manif. and laboratory None Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1938
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify None
(Signed) W. L. FLECK, Act. Chf. Med. Off., M. D.
(Address) VAE Jefferson Barracks, Mo.

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, Paul A. Keith, Licensed Embalmer No. 3612

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

L. E. 3612

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

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.)