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.

REC'D FEB 10 1939

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

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Do not use this space.

1. PLACE OF DEATH
(a) County 3 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003 Registered No. 393
(c) City
(d) Street No. En route City Hospital #1 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 320 Walter M. Mathews
(a) Residence, No. 1100 Roosevelt Hotel St. 12
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown
7. AGE: 56 YEARS: 56 MONTHS: — DAYS: — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
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): Illinois

FATHER
13. NAME: Walter Mathews
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Delaware

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

17. INFORMANT (ADDRESS): Kenneth McGuire, 4174 Shaw Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 1/12/38, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Peetz Bros., 3029 Lafayette
20. FILED JAN 12 1939 J. F. Bridick Local Registrar.

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/30/38, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:40 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Barbituric Acid Poisoning, as a result of taking a sedative, type unknown, in his room at the Mayfair Hotel, on Dec. 30, 1938, at about 11:40 P.M.

Other contributory causes of importance:

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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? Suicide Date of injury 12/30/38
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Home
Manner of injury See Above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph M. Quinn, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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 compl with the above constitutes grounds for revocation of license.)

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