

REC'D FEB 10 1939

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

568

Do not use this space.

1. PLACE OF DEATH

(a) County..... / Registration District No..... 791
(b) Township..... / Primary Registration District No..... 1003
(c) ^{or} City St. Louis (d) Street No. City Hospital No. 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

Lee Matthews
(a) Residence, No. 2822 North 22nd St. 20 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 <u>Nenie Matthews</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 11, 1871</u>		
7. AGE YEARS 67	MONTHS 3	DAYS 5
IF LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>COM. laborer</u>		
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) <u>St. Louis, Missouri</u>		
13. NAME <u>Joseph Matthews</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri</u>		
15. MAIDEN NAME <u>Addie Shaw</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT (ADDRESS) <u>Hosp. Info M. Kent</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CALVARY CEMETERY</u> DATE <u>JAN. 10, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Joseph J. Goodrich</u> <u>2228 N. Louis ave</u>		
20. FILED <u>JAN 18 1939</u> <u>J. D. Becker</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/16/39, 19...

22. I HEREBY CERTIFY, That I attended deceased from 12/1/38 19... to 1/16/39, 19...
I last saw him live on 1/16/39, 19... Death is said to have occurred on the date stated above, at 6.45 p.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Esophagus (primary)
Date of onset

Other contributory causes of importance:
None

Name of operation none Date of.....
What test confirmed diagnosis? Biopsy 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) J. H. Hawley, M. D.
(Address) City Hospital No. 1

(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.....

Chas. Goodhart

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Chas. Goodhart*

Licensed Embalmer No. *2777*

P. O. Address *J. Louis M.*

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.)

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