

REC'D FEB 10 1939

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

649
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City St. Louis or (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.

D. 14252 357

Warren Matheny

2. PRINT FULL NAME

(a) Residence, No. 3526 Humphrey St. (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 married
(Divorced write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie Matheny

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 8 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as saw mill, bank, etc. mill
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) Louisville, Indiana

FATHER 13. NAME Tilford Matheny
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ind

MOTHER 15. MAIDEN NAME Anna Miner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Indiana

17. INFORMANT Hosp. Info M. Kent
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE Jan. 23, 1939

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle
(ADDRESS) 2331 So. Broadway

20. FILED JAN 21 1939

J. D. Buddeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/20/39 19

22. I HEREBY CERTIFY, That I attended deceased from 1-7-39 to 1-20-39

I last saw him alive on 1-20-39 at 150 P Death is said to have occurred on the date stated above, at 150 P m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 12/1/38

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

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?
If so, specify
(Signed) Geo. J. Spens, M. D.
(Address) 1578 Lafayette Ave.

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.....

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

Signed..... *Robert Wheeler*

Licensed Embalmer No. *2128*

P. O. Address..... *Sturtevant*

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.