

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

4405
Do not use this space.

1. PLACE OF DEATH
REC'D MAR 13 1939

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **5751 Finkman Ave.** Registered No. **1098**
 (e) Length of residence in city or town where death occurred **18** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Barbara Mathes**
 (a) Residence, No. **5751 Finkman Ave.** St. **2**
 (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 **Late Joseph Mathes**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 4, 1861**

7. AGE YEARS **77** MONTHS **1** DAYS **27** If LESS than 1 day, hrs. or min.

OCCUPATION 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. **Housewife**
 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) **Jugo-Slovia**

FATHER 13. NAME **Unknown Hartman**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jugo-Slavia**

MOTHER 15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jugo-Slavia**

17. INFORMANT **Joseph Mathes Jr.**
 (ADDRESS) **5751 Finkman Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Lebanon** DATE **2-3**, 19 **39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Kriegshauser Mortuaries**
4228 So. Kingshighway

20. FILED **FEB 3 1939** **J.F. Budick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-1**, 19 **39**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 10**, 19 **39** to **Feb 1**, 19 **39**
 Last saw h. or alive on **Jan 31**, 19 **39** Death is said to have occurred on the date stated above, at **4:30** a. m.

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

Chr myocarditis
arterio-sclerosis
 Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) **Edwin J. Kelly**, M. D.
 (Address) **3805 So. Broadway**

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 *Edwin A. McQuinn*

Licensed Embalmer No. 3024

P. O. Address _____

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.