

RECORDED MAR 13 1939

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

5115
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St Louis (d) Street No. 2821 Lawton St.
25 (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.

791

1008

Registered No. 1808

2. PRINT FULL NAME Mary Mathews

(a) Residence, No. 2821 Lawton St. 21
(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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Zeb Mathews

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12 1875

7. AGE YEARS 63 MONTHS 6 DAYS 11 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
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) La

FATHER 13. NAME Henry Ogden

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

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Zeb Mathews
(ADDRESS) 2821 Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE Feb 28 1939

19. FUNERAL DIRECTOR J. W. Hughes
(ADDRESS) 2620 Lawton

20. FILED 19
J. P. Bundeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1939

22. I HEREBY CERTIFY, That I attended deceased from June 6 1938 to Feb 23 1939
Last saw him alive on Feb 16 1939. Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Coronary sclerosis
arteriosclerosis
arteriosclerosis

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis E. g. 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) W. A. Mueller, M. D.
(Address) 2335 Franklin

FEB 25 1939

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,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Lyda Hughes

Licensed Embalmer No. *2938*

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.)