

1939 JUN 12 1939

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

16973
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No.
(b) Township Primary Registration District No. Registered No. **4507**
(c) or City St. Louis, Mo. (d) Street No. 2411a North Broadway 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

Floyd Louis Matheny,
(a) Residence, No. 2411a North Broadway, St. **26** (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18th, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 10 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School child
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) St. Louis, Mo.

FATHER 13. NAME Clifton Matheny, ()

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky, ()

MOTHER 15. MAIDEN NAME Violet Eietz, ()

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California, ()

17. INFORMANT (ADDRESS) Mr. Clifton Matheny, 2411a North Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cem. DATE May 17th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner Und. 1417 North Market Street.

20. FILED MAY 16 1939 J. D. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1939

22. I HEREBY CERTIFY That I attended deceased from May 5, 1939, to May 14, 1939

I last saw him alive on May 14, 1939 Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Chronic Valvular heart disease
Date of onset 1928

Other contributory causes of importance: Chronic Interstitial nephritis

Name of operation: Thyroidectomy Date of operation: _____

What test confirmed diagnosis: Thyroidectomy 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) Arthur Cameron, M. D.
(Address) 508 N. Grand Street

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.....

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

Signed *Homer S. Ponder*.....

Licensed Embalmer No. *30367*.....

P. O. Address *2223 St. Louis av*.....

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.