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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16442

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3919

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4237 Cleveland Ave. 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

8. (a) PRINT FULL NAME Louis J. Mathis 320

8. (b) If veteran, name war no

8. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 1, 1881

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>5</u>	<u>28</u>	hr. _____ min.

9. Birthplace St. Louis Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Dry Retired

12. Name John T. Mathis

13. Birthplace Switzerland 7

(City, town, or county) (State or foreign country)

14. Maiden name Augusta Bappert

15. Birthplace Georgetown, Illinois

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Westhus

(b) Address 3621 Bowen St.

17. (a) Burial (b) Date thereof May 1, 1940

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Weick Bros Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) MAY 1 1940 (b) J. B. Bredbeck

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 17

(If outside city or town limits, write "RURAL")

(d) Street No. 4237 Cleveland Ave.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29

year 1940 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 27

1940 to April 29, 1940;

that I last saw him alive on April 29, 1940

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 3 days

(Right side of Brain)

Due to Chronic nephritis (parenchymatous)

Due to Glycemia (Cause undetermined)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (d) Means of injury

23. Signature Thomas J. G. [Signature] (M. D. or other)

Address Metropolitan Bldg. Date signed 4/30/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Harry A. Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16442

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3919

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Louis J. Mathis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 38 Months 5 Days 28 If less than one day, hr. min.

9. Birthplace (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

15. Birthplace (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9/11/40 (b) J. B. B...

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 29 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (Specify means of injury)

23. Signature Thomas J. Johnson M. D. or other)

Address met Body Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

RECORDS SECTION - MISSOURI STATE BOARD OF HEALTH - 1000 EAST WASHINGTON - ST. LOUIS, MISSOURI

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

SEX

AGE

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DIAGNOSIS

PHYSICIAN

REPORTING PHYSICIAN

INTERVIEW

DATE

TIME

PLACE

NAME

ADDRESS

CITY

STATE

ZIP

SEX

AGE

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DIAGNOSIS

PHYSICIAN

REPORTING PHYSICIAN

INTERVIEW

DATE

TIME

PLACE

NAME

ADDRESS

CITY

STATE

ZIP