

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29672

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1578

1. PLACE OF DEATH:

(a) County Madison  
(b) City or town St. Louis Park Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Marys Hospt.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days.  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis  
(c) City or town Maplewood MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7433 Zephyr Pl.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17th.  
year 1940 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Aug 12  
1940 to Aug 17, 1940;  
that I last saw her alive on Aug 17, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Acute Haemorrhagic Pancreatitis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy as above

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)  
(a) Means of injury \_\_\_\_\_

23. Signature John Stewart (M. D. or other)  
Address Weston Bldg Date signed 8/17/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME Polly Ruth Mathae. 300

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 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 Nov. 23rd, 1917  
(Month) (Day) (Year)

8. AGE: Years 22 Months 8 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation unemployed student.

11. Industry or business \_\_\_\_\_

12. Name John Mathae

13. Birthplace St. Louis MO.  
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Lee Rohan

16. Birthplace Little Rock Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant John Mathae

(b) Address 7433 Zephyr Pl.

17. (a) Burial (b) Date thereof Mon. Aug. 19th.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address Maplewood Mo.

19. (a) AUG 19 1940 (b) J. A. Stewart, Jr.  
(Date received local registrar) (Registrar's signature)

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**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 J.P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

**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.