

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

Do not use this space.

3125

1. PLACE OF DEATH

County..... Registration District No. 791 File No.
 Township..... Primary Registration District No. L 1003 Registered No. 721
 City St Louis Mo (No. 3123 Lackland Ave St. 16 Ward)

2. FULL NAME

Matthew M. Mountain
 (a) Residence. No. St. 16 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) Feb 28 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 10 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Rate Clerk
 (b) General nature of industry, business, or establishment in which employed (or employer) Southern Tariff
 (c) Name of employer St. Louis Mo

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

10. NAME OF FATHER J. J. Mountain

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Outburn Mountain (Address) 3123 G Lackland

15. FILED JAN 21 1921 Maule Starckoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20th 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 18th 1927 to Jan 20th 1927 that I last saw him/her live on Jan 19th 1927, and that death occurred, on the date stated above, at 12 - 12.50

THE CAUSE OF DEATH* WAS AS FOLLOWS:
94H
118C

CONTRIBUTORY (SECONDARY) Angina Pectoris (duration) yrs. mos. da. 2 da.
acute indigestion
from eating Poole sandwich (duration) yrs. mos. da. 2 da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Beris B. Stockwell M. D.
1-21-1927 (Address) 1415 - Pine Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elkison Parades DATE OF BURIAL Jan 22nd 1927

20. UNDERTAKER W. M. P. P. P. ADDRESS 1905 - Grand

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.

