

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

Do not use this space.

38284

1. PLACE OF DEATH

County St. Louis

Registration District No. 789

Township Central

Primary Registration District No. 60330

City Pine Lawn Mo. 3718 Jennings Road St. _____ Ward _____

File No. _____

Registered No. 33-5-

2. FULL NAME

(a) Residence. No. 5047 Cates Ave. St. _____ 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF John Matz

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

Aug. 10, 1860

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>69</u>	<u>3</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Minnesota

10. NAME OF FATHER

William Wright

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

14. INFORMANT

Mr. Geo. Judy

(Address) 5047 Cates Ave.

15. FILED

11/18 1929 Wella Gray M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) NOV. 18, 1929

17. HEREBY CERTIFY, That I attended deceased from April 21, 1929, to Nov. 18, 1929
 that I last saw h. l. alive on Nov. 18, 1929, and that death occurred, on the date stated above, at 9:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of both breasts removed 4 years ago -
Metastases now into liver
all viscera and nodules all over body. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. Home
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Clinical & Laboratory
 (Signed) Luke B. Turner, M. D.

11/18 1929 (Address) 3718 Jennings Rd
 *State the DISEASE CAUSING DEATH, or 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 Pine Bluff, Ark **DATE OF BURIAL** Nov. 18, 1929

20. UNDERTAKER W. W. Clark **ADDRESS** 1120 W. Diamond Ave.

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.

23 1929
 96
 19
 235
 2
 8
 5

