

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

Do not use this space.

OCT 11 1934

1. PLACE OF DEATH

County _____
Township St. Louis
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. Jewish Hospital St. _____ Ward)

File No. _____
Registered No. 9111

2. FULL NAME

Mathis, Harry
(a) Residence, No. 1421 Biddle St. 26 Ward.
(Usual place of abode)

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 Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5 - 1880
7. AGE YEARS 54 MONTHS 8 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 99

12. BIRTHPLACE (CITY OR TOWN) Stremnitsy (STATE OR COUNTRY) Russia

13. NAME Israel Mathis

14. BIRTHPLACE (CITY OR TOWN) Russia (STATE OR COUNTRY)

15. MAIDEN NAME Hesterly Wuc.

16. BIRTHPLACE (CITY OR TOWN) Russia (STATE OR COUNTRY)

17. INFORMANT Louis Krasner (ADDRESS) 6237 W. Rosebury

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel St. Emery DATE 9/13 1934

19. UNDERTAKER W. B. Berger (ADDRESS) 4715 W. E. Person

20. FILED J. Bredenk 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/12 1934

22. I HEREBY CERTIFY, That I attended deceased from 8:30, 1934, to 9:15, 1934.
I last saw him alive on 9/12, 1934. Death is said to have occurred on the date stated above, at 1:25 P. m.

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

Arteriosclerosis heart disease
Emboli to lower extremities

Other contributory causes of importance:
Chronic passive congestion of lungs
and associated hyperaemia
Arterial flutter & fibrillation

Name of operation None Date of _____
What test confirmed diagnosis? Ecg 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 _____, 1934

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) Mary Agnew M. D.
(Address) Jewish Hospital, St. Louis

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.

