

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.

REC'D JUN 9 1938

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

16239
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. **4100**
 (c) City **ST. LOUIS** (d) Street No. **1106 McLean Ave** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **31** yrs. mos. ds. (f) How long in U. S., if of foreign birth? **31** yrs. mos. ds.

2. PRINT FULL NAME

ADA M. MATHEWS **362**
 (a) Residence, No. **1106 McLEAN AVE** St. **8**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **MATHEWS MATHEWS**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 2 - 1877**

7. AGE YEARS **60** MONTHS **7** DAYS IF LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) **LONDON** (STATE OR COUNTRY) **ENGLAND**

FATHER 13. NAME **RICHARD TRIGGS**

14. BIRTHPLACE (CITY OR TOWN) **LONDON** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **GRACE TAYLOR**

16. BIRTHPLACE (CITY OR TOWN) **LONDON** (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) **ADA HEIM**
1004 BITNER ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. John's Cem** DATE **MAY 5 1938**

19. FUNERAL DIRECTOR (NAME) **WEDDICH F. HOME** (ADDRESS) **8319 HALLS FERRY RD.**

20. FILED **MAY - 3 1938** **J. D. Butler** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MAY 2 1938**

22. I HEREBY CERTIFY, That I attended deceased from **5-1-38**, 19....., to **5-2-38**, 19.....
 I last saw her alive on **5-1-38**, 19..... Death is said to have occurred on the date stated above, at **7 A. m.**

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

Pulmonary Tuberculosis
Tuberculosis of Lungs
Date of onset

Other contributory causes of importance:
measles Hemiplegia
pulmonary.

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19.....

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?
 If so, specify (Signed) **W. P. Hamilton** M. D.
 (Address) **836 3 Halls Ferry Rd.**

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,

Arthur R. Dieck

8319 Stella Ferry Rd. St. Louis

or by

Registered Apprentice No., working under my personal supervision.

Signed

Arthur R. Dieck

Licensed Embalmer No.

3556

P. O. Address

St. Louis

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.