

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

23577  
Do not use this space.

1. PLACE OF DEATH 2 1938  
 (a) County .....  
 (b) Township .....  
 (c) City St. Louis  
 (d) Street No. City Hospital No. 1 St. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
D. 4728  
 2. PRINT FULL NAME Mattie Detwiler  
 (a) Residence, No. 2704 Howard St. 20 (If nonresident, give city or town and State)

791  
1003

Registered No. 6271

311

**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 Nelson Detwiler  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1891  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47 0 16  
 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. hwk'  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Robt. Wills

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) , Illinois

MOTHER 15. MAIDEN NAME Nellie Martin

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

17. INFORMANT Hosp. Info M. Kent (ADDRESS)

18. BURIAL CREMATION OR REMOVAL in  
 PLACE Memorial Park DATE 7/15/38

19. FUNERAL DIRECTOR A. W. McLaughlin (ADDRESS) 2301 Lafayette Avenue

20. FILE NO. 13 1338 J. F. Budick Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/12/38, 19...  
 22. I HEREBY CERTIFY, That I attended deceased from 7/5/38, 19... to 7/12/38, 19...  
 I last saw her alive on 7/12/38, 19... Death is said to have occurred on the date stated above, at 5 a. m.  
 The principal cause of death and related causes of importance were as follows:

Overexert (probably malignant)

Other contributory causes of importance:  
HA  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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....., 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) John F. Dillon, M. D.  
 (Address) City Hospital No. 1

Date of onset

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.

STATEMENT BY LICENSED EMBALMER

I, Paul A. Keith, Licensed Embalmer No. 3612

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

3612 L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

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.)

2301 Lafayette ave