

REC'D SEP 14 1939

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **7098**

1. PLACE OF DEATH: **1003**  
 (a) County \_\_\_\_\_  
 (b) City or town **St. Louis Missouri**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **City Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **5 Days**  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
**Missouri** /  
 (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town **St. Louis** 17  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **3803 Shenandoah Ave.**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME: **Sidnia Matthews 320**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**Female** 5. Color **White** 6. (a) Single, widowed, married, divorced **Widow**  
 4. Sex \_\_\_\_\_ race \_\_\_\_\_  
 6. (b) Name of husband or wife **WM MATTHEWS** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **May 25 1875**  
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<b>64</b>	<b>2</b>	<b>19</b>	hr. _____ min.

9. Birthplace **Scotland**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

FATHER { 12. Name **William Paxton**  
 13. Birthplace **Scotland**  
 (City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name **Unknown**  
 15. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. A. Wilcox**

(b) Address **3803 Shenandoah**

17. (a) **Cremation** (b) Date thereof **Aug 16, 1939**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director **E. J. Schmitt**

(b) Address **3125 Lafayette Ave.**

19. (a) **AUG 15, 1939** (b) **J. J. Baudisch**  
 (Date of death) (Signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **August** day **13**, year **1939** hour **7:10** minute **P.** M.  
 21. I hereby certify that I attended the deceased from **August 9**, 1939, to **August 13**, 1939, that I last saw her alive on **August 13**, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: **Of operations**  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_  
 23. Signature **M. H. Kelly** (City, or other) **St. Louis**  
 Address **City Hospital** Date signed **Aug 14 1939**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Jon B. Vollmer*

Licensed Embalmer No.....

*4014*

P. O. Address.....

*3125 Lafayette ave*

**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.**