

I X 1951
 WHOLE LABEL—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.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1892

1. PLACE OF DEATH:
 (a) County St. Louis Missouri
 (b) City or town Pine Lawn
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3732 Salome St., Pine Lawn Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Pine Lawn
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3732 Salome St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Joseph McDowell Mathews Sr.
 (b) If veteran, name war None
 (c) Social Security No. 493-09-1230

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 25
 year 1939 hour 10 minute P M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Bessie Mathews
 (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased December 1, 1874
 (Month) (Day) (Year)

Immediate cause of death _____
 Due to Cerebral Hemorrhage
 Due to 8201

8. AGE: Years Months Days If less than one day
64 10 24 hr. _____ min.

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace New Castle Kentucky
 (City, town, or county) (State or foreign country)
 10. Usual occupation Office Manager

11. Industry or business Purina Mills Company
 MOTHER FATHER
 { 12. Name John Mathews
 13. Birthplace Unknown Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Yaba Hewitt
 15. Birthplace Unknown Kentucky
 (City, town, or county) (State or foreign country)

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)
 (e) Means of injury _____

16. (a) Informant's own signature Joseph Mathews Jr.
 (b) Address 3732 Salome St.
 17. (a) Burial (b) Date thereof 10/28/39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cemetery
 18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.
 19. (a) OCT 26 1939 (b) DR. Meyer
 (Date received local registrar) (Registrar's signature)

23. Signature Dr. J. C. Powell (M. D. or other _____)
 Address 3732 Salome St. Date signed 10/26/39

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

Elbert G. Hoppe

Licensed Embalmer No.....

2991

P. O. Address.....

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.