

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 1268

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7611 DELMAR BLV.
(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 221

8. (a) PRINT FULL NAME John MATTHEWS
3. (b) If veteran, 488-01-6458 name war. No.
3. (c) Social Security No. No.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARGARET MATTHEWS 6. (c) Age of husband or wife if 52 years
7. Birth date of deceased JULY 15 1885
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace PULLMAN ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation REAL ESTATE

11. Industry or business _____

12. Name John MATTHEWS

13. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name PAULINE FASH
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Matthews

(b) Address 7611 Delmar Blv

17. (a) BURIAL (b) Date thereof JULY 8 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schurr

(b) Address 3125 Lafayette Ave.

19. (a) JUL 6 - 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 7611 DELMAR BLV.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 5
year 1940 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from 8-31-40, 19____, to 7-5-40, 19____;
that I last saw him alive on 7-5-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Circumstances of apoplexy 3 yrs and

Due to _____

Due to 531

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

Duration

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? 707 (Specify type of place) _____
(e) Means of injury _____

23. Signature O. C. Pfeifer (M. D. or other) _____

Address 4523 S. Kingshighway date signed 7/5/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

DEC 29 1942

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

Joseph Bollmer

Licensed Embalmer No. 41014

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.