

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30135
Registrar's No. 7412

Registration District No. 791 Primary Registration District No. 1003

FILED OCT 25 1940

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Roy E. Matthews Sr.

3. (b) If veteran, name war No. 3. (c) Social Security No. 497-18-5725

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Catherine A. 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Sept. 3, 1890
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 30 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Cashier - Real estate office

11. Industry or business Mercantile Comm. Bank

MOTHER FATHER { 12. Name Thomas J. Matthews
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Meyer
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Matthews
(b) Address 5216 Lotus Ave.

17. (a) Burial (b) Date thereof 9 5 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Callen Kelly
(b) Address 1416 N. Taylor Ave.

19. (a) SEP 3 1940 (b) J.F. Baschick
(Date received by registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5216 Lotus Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1940 hour 9:50 minute A. M.

21. I hereby certify that I attended the deceased from 12-13-1939 to 9-2-40, 1940
that I last saw him alive on 9-1-1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral thrombosis
Due to arterio sclerosis
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

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? _____ (Specify type of place) (f) Means of injury _____
23. Signature Carl H. ... (M. D. or other) _____
Address 316 N. ... Date signed 9-3-40

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 *Clement McQuay*

Licensed Embalmer No. 3732

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.