

FILED MAY 11 1942 791
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4039**

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

1. PLACE OF DEATH:

(a) County St. Louis Mo

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Hrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Georgia Lou Matthews

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William G. Matthews 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Nov 26 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

58 5 10 hr. min.

9. Birthplace Niangua Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name William Crump

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Winiford Dameron

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant William G. Matthews

(b) Address Springfield Mo.

17. (a) Removal (b) Date thereof 5/8/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Niangua Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington

19. (a) MAY 6 1942 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 6

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1942 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 5th 1942, to May 6th 1942, that I last saw her alive on May 6th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory failure

Due to Brain tumor (left temporal lobe)

Due to (malignant)

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy tumor brain

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? _____

(Specify type of place) _____
While at work? _____ (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address BARNES HOSPITAL Date signed 5-6-42

APR 11 1948

JUN 17 1948

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

Welford H. Bunnley
.....
Licensed Embalmer No. 42020

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, fact should be so stated above.