

FILED MAY 28 1942

Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
625 Tower Grove Ave.
(If not in hospital or institution, write street number or location)

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

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 625 Tower Grove Ave.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME William P. Matthews

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Late Bertha Matthews

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. March 7th 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 11 If less than one day..... hr. min.

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

10. Usual occupation Custom house employee

11. Industry or business retired

12. Name George Matthews

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

14. Maiden name Unknown

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

16. (a) Informant William Fleming

(b) Address 922a Tower Grove Ave.

17. (a) Burial (b) Date thereof 5-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parklawn Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 19 1942 (Date received local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th year 1942 hour 5:50 minute..... P.M.A.M.

21. I hereby certify that I attended the deceased from April 20/42 to 5-18/42, 19....., and that death occurred on the date and hour stated above.

that I last saw him alive on May 18 42, 19.....

Immediate cause of death Acute Myocarditis, 3 hrs
Caecum (py) (Rsm) Divert
Chronic nephritis 28 days
Atherosclerosis

Due to.....

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)

(e) Means of injury.....

23. Signature B. J. Strigel (M. D. or other).....

Address 1878 Madison Date signed 5-19-42

Strigel

Dr. D. P. ...
1875 Madison 9-10A.M.

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 *Reinhold H. Lehmann*

Licensed Embalmer No. *3395*

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.