V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25317

Registration District No. 184 Primary Registration District No. 107 Registrar's No. 1560

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 6 1942

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ladue
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
710 So. Price Rd. 1
(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 96
(c) City or town Ladue 12
(If outside city or town limits, write "RURAL") 1
(d) Street No. 710 So. Price Rd.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

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

3. (b) If veteran, name war none.

3. (c) Social Security No. 491-12-8557

4. Sex Male. 0

5. Color or race White.

6. (a) Single, widowed, married, divorced Married. 1

6. (b) Name of husband or wife Minnie L. Matthews.

6. (c) Age of husband or wife if alive 66. years

7. Birth date of deceased July (Month) 9, (Day) 1869. (Year)

8. AGE: Years 73. Months 0. Days 10. If less than one day ..... hr. ..... min.

9. Birthplace Kirkwood, (City, town, or county) Missouri. 1 (State or foreign country)

10. Usual occupation Pres. W.N.Matthews Corp.,

11. Industry or business Electric Mfgr's Agent.

FATHER
12. Name Leonard Matthews.
13. Birthplace Baltimore, (City, town, or county) Maryland. 1 (State or foreign country)

MOTHER
14. Maiden name Mary Nesbit.
15. Birthplace (City, town, or county) Kentucky. 1 (State or foreign country)

16. (a) Informant Mrs Minnie L. Matthews.
(b) Address 710 S. Price Road.

17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof 7/22/1942. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address #7233 Delmar Blv'd.

19. (a) JUL 21 1942 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th year 1942 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from June 2, 1942 to death, 19..., that I last saw him alive on July 6, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis — Duration: few minutes

Due to Chr. myocarditis — Before June 2

Due to .....

Other conditions signed with permission (Include pregnancy within 3 months of death) Coroners office

Major findings:
Of operations .....
Of autopsy 932

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? ..... (e) Means of injury .....

23. Signature T. Campbell (M. D. or other) M.D.
Address 5427 Delmar Date signed 7-20-42

707

(Licensed Embalmer's Statement on Reverse Side)

OCT 26 1942
OCT 27 1942

Dr. Thomas Campbell.
5427 Delmar Blv'd.,
2:00 P.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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.