V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X25

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25318
State File No.

Registration District No. 7 84 Primary Registration District No. 106 Registrar's No. 1625

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 706 E. Monroe
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 706 E. Monroe
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Stuart Matthews
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Brooks Matthews
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased July (Month) 24 (Day) 1869 (Year)
8. AGE: Years 73 Months — Days 5 If less than one day hr. min.
9. Birthplace Kirkwood (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Joseph R. Matthews
13. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Sarah Ann Barnett
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Edna Brooks Matthews
(b) Address 706 E. Monroe Kirkwood, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-42 (Month) (Day) (Year)
(c) Place: burial or cremation St Peters Cem
18. (a) Signature of funeral director Louis H. Bopp
(b) Address Kirkwood, Mo.
19. (a) JUL 30 1942 (Date received local registrar) (b) C. G. McDaron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1942 hour 9:30 PM minute M.
21. I hereby certify that I attended the deceased from March 23 1923 to July 29th 1942 that I last saw him alive on July 29th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1 Uremia (Coma)	4 days
2 Chronic Uremia	since July 1942
3 Hypertension	
Due to Nephritis, chronic	
Due to Gastrolymatous	
Due to Prostate Benign	
Hypertrophy	Since Years
Other conditions (Include pregnancy within 3 months of death) Last refection 12-20-41	

Major findings:
Of operations —
Of autopsy —

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 Robert Hamilton (M. D. or other) M.D.
Address 321 N. Kirkwood Rd Date signed 7-30-42
Kirkwood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

967

OCT 6 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 John M. Meyer

Licensed Embalmer No. 3388

P. O. Address Kirkwood, 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.