

FILED FEB 14 1943 18

Registration District No. Primary Registration District No. 1002 Registrar's No. 1213

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

1. PLACE OF DEATH:
 (a) County
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4927 Highland Ave., 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..... (Specify whether
 years, months or days)

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. 4927 Highland Ave.,
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME NORA MATHEWS
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 5th
 year 1943 hour 8 minute 15 A.M.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife John J Mathews
 6. (c) Age of husband or wife if alive Dead years
 7. Birth date of deceased December 25th 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 7-42
 to Feb 7 1943
 that I last saw her alive on Jan 4 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
84 1 10 hr. min.

Immediate cause of death Cerebral Hemiplegia 6mo
 Due to.....

9. Birthplace England 4
(City, town, or county) (State or foreign country)

Other conditions 83
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

PHYSICIAN

11. Industry or business

12. Name Jermiah Collins

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Lucy

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John J. Daly

(b) Address 4927 Highland Ave.,

17. (a) Burial (b) Date thereof 2-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery
Sullivan Brothers

18. (a) Signature of funeral director J. J. Brudeck
 (b) Address 2849 North Euclid

19. (a) FEB 7 1943 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

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

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 C. J. Hipton (M. D. or other).....
 Address 5022 Page Date signed 2/5-43

Dr. Shepherd,
5022 Page Blvd.,

Co. 7233

2-4 PM, 2-5-43

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

Albert Mayfield

Licensed Embalmer No. *3897*

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.