

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7649

State File No. ....

FILED MAR 11 1943

Registration District No. ....

Primary Registration District No. 107

Registrar's No. 408

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

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:  
residence-710 South Price Road  
(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

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

(d) Street No. 710 South Price Road  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MINNIE LAMSON MATTHEWS

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16th  
year 1943 hour 1:20 minute P. M.

21. I hereby certify that I attended the deceased from 1938  
19 \_\_\_\_\_ to Feb 15 1943  
that I last saw her alive on Feb 15 1943  
and that death occurred on the date and hour stated above.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife William N. Matthews

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

7. Birth date of deceased November 25 1875  
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion

Due to Hypertension

Duration 3 yrs

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>67</u> | <u>2</u> | <u>22</u> | _____ hr. _____ min. |

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Charles Lamson

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

14. Maiden name Sylvia

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

16. (a) Informant Mr. James R. Murray

(b) Address 1515 Ambassador Bldg., St. L

17. (a) cremation (b) Date thereof 2-19-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Bly'd. St. Louis

19. (a) 2-17-43 (b) C. N. McParland  
(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)

23. Signature F. C. Campbell M.D. (M. D. or other) M.D.  
F. B. Beckett M.D.  
Address 5427 Delmar Date signed 2-18-43

5427  
Mrs. - 1-2 P.M.  
FD-0392  
FD-0392

**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 Bradford A. Jones  
Licensed Embalmer No. 2901  
P. O. Address University City - 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.**