

S. No. 2
11-10-39
1-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16389

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4380**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital 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 17 Hours
years, months or days

8. (a) PRINT FULL NAME Sallie E. Matthews

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife C. D. Matthews 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased July 21, 1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Green County Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
MOTHER FATHER { 12. Name W. P. Bell
13. Birthplace Yukon Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Lily Robinson
15. Birthplace Yukon Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Jada J. Matthews

(b) Address 4600 Emigh Ave.

17. (a) Burial (b) Date thereof May 10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4457 Washington Bl

19. (a) MAY 11 1943 (b) J. V. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 9 TV
(If outside city or town limits, write "RURAL")
(d) Street No. 4600 Emigh Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1943 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
primary

Due to 108

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

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) (c) Means of injury _____

23. Signature Chas. A. Bull (M. D. or other) _____
Address 4457 Washington Bl Date signed 5/8/43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

4380

4380

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 Ketter

Licensed Embalmer No.

3880

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, above space should be left blank.