

No. 2
-2-43
5-17-39
I X32607

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1943
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40247
Registrar's No. 10849

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Lutheran Hospital
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Clayton, Missouri
(d) Street No. 444 Edgewood Dr.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME ETHLINDA J. MATSON
3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 8th
year 1943 hour 9:15 minute A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 13 1878

21. I hereby certify that I attended the deceased from 11-2-43 to 12-8-43
that I last saw him alive on 12-8-43 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 6 25 hr. _____ min.

Immediate cause of death Cerebral apoplexy Duration 12 hrs

9. Birthplace Saint Louis County-Missouri

Due to Hypertension month

10. Usual occupation School Teacher

Due to General arterio sclerosis month

11. Industry or business St. Louis Public Schools

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name Harrison Matson
13. Birthplace Kentucky
14. Maiden name Mary Gillespy
15. Birthplace Shelbyville Missouri
16. (a) Informant Alexander Yule.
(b) Address 444 Edgewood Dr. Clayton.

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof 12/10/43
(c) Place: burial or cremation Bellefontaine Cem.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.
19. (a) DEC 9 1943 (b) J. F. Bremer

While at work? _____ (Specify type of place)
(e) Means of injury MD
23. Signature Louise A. Abel (M. D. or other) MD
Address 2325 S Grand Date signed 12-8-43

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

33 2575. Oswald
PR - 0549
2-4 P.M.

10849

10849

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.