

FILED JAN 3 1943 8

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days
In this community 2 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME David Matthews

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Matthews 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased October 20 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 1 29 hr. min.

9. Birthplace New Madrid Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business

MOTHER FATHER { 12. Name Dave Matthews
13. Birthplace New Madrid Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mattie Cook
15. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Matthews
(b) Address 1803 Goode Ave.

17. (a) Burial (b) Date thereof 12-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Madrid, Mo.

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.

19. (a) DEC 20 1943 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1803a Goode (If rural, give location) 911
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19,
year 1943 hour 9 minute 40 A. M.

21. I hereby certify that I attended the deceased from November 25,
1943, to December 19, 1943.
that I last saw him alive on December 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death:
Bronchopneumonia
Vesicle Calculus

Duration
Terminal
Unk.

Due to
Due to

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

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 A. H. Fleet (M. D. or other)
Address 26017 Whittier Date signed 12/20/43

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 *John Gonoski*
Licensed Embalmer No. *3348*

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.