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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr Nakada Humboldt 8326
10 30 a State File No. Mon. Bldg

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 516

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Velda Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3016 Maywood Ave
(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 96
(c) City or town ship Velda Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 30 16 Maywood Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Harry Thornton Mathews

3. (b) If veteran, name war

3. (c) Social Security No. 488-09-0269

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Myrtle Mathews

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June (Month) 27 (Day) 1877 (Year)

8. AGE: Years 66 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Beloit (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name William D. Mathews
13. Birthplace Elroy (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Emeline Thornton
15. Birthplace Unknown (City, town, or county) Canada (State or foreign country)

16. (a) Informant Charles R. Mathews
(b) Address 6425 Jefferson, Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Blvd.

19. (a) FEB 29 1944 (Date received local registrar) (b) E. G. McGovran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25 year 1944 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from Oct 23, 1934 periodically to Feb 25, 1944 that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	15-30 mins
Due to Chr. Myos. Disease	10 yrs
Chr. Cholecystitis	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94

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 0

23. Signature J. Nakada (M. D. or other)
Address Humboldt Bldg Date signed 2/28/44

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1946

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 Sheldon Collier

Licensed Embalmer No. 3382.

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.