

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
JEWSISH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 DAYS
(Specify whether years, months or days)
In this community 30 DAYS

3. (a) PRINT FULL NAME JOHN WESLEY MATTHEWS
(b) If veteran, name war _____ (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY FRANCES 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased MAY 30 1892
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 7 If less than one day hr. _____ min. _____

9. Birthplace HUZZAH MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER

12. Name JOHN MATTHEWS
13. Birthplace HUZZAH MO
(City, town, or county) (State or foreign country)
14. Maiden name Wesley
15. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

16. (a) Informant GEO. MATTHEWS
(b) Address 5950 LARITE AVE

17. (a) REMOVAL (b) Date thereof 7-8-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation POTOSI MO

18. (a) Signature of funeral director SPARK'S FUNERAL HOME
(b) Address POTOSI MO

19. (a) JUL 11 1944 (b) J. F. Pudek
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County WASHINGTON
(c) City or town MINERAL POINT
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) NR
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 7th
year 1944 hour 7 minute A.M.
21. I hereby certify that I attended the deceased from 6-10, 1944, to 7-7, 1944
that I last saw him alive on _____, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema Duration 3 days
Due to Cardiomegaly Sincere (metastatic) urinary 6 months
Due to Carcinoma Bladder 2 yrs
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: B-2
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 _____
Signature Harry Cutler (M.D. or other)
Address 4500 Olive Date signed 7-8-44

6145

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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.....

John Dea Harris

Registered Apprentice No. *363*

working under my personal supervision.

Signed *Howard A Rowland*

Licensed Embalmer No. *3114*

P. O. Address *© Harris 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.