V. S. No. 2
100M—8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31776

Registration District No. 317 Primary Registration District No. 3065 Registrar's No. 1951

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

16
11
1

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town GLENDALE (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 22 SOUTHRIDGEE (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 5 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS 96
(c) City or town GLENDALE (If outside city or town limits, write "RURAL") 11
(d) Street No. 22 Southridge Drive (If rural, give location) 1
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME ADOLPH MATTHEWS
3. (b) If veteran, name war NONE
3. (c) Social Security No. 490-01-8371
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CLARA MATTHEWS
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased MAY (Month) 12 (Day) 1880 (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	4	11	— hr. — min.

9. Birthplace BELLEVILLE (City, town, or county) ILL (State or foreign country) 1
10. Usual occupation CREDIT MGR
11. Industry or business MEYER SCHMID GROCERY CO
FATHER
12. Name FRED MATTHEWS
13. Birthplace BELLEVILLE (City, town, or county) ILL (State or foreign country) 1
MOTHER
14. Maiden name SOPHIA WAGNER
15. Birthplace BELLEVILLE (City, town, or county) ILL (State or foreign country) 1
16. (a) Informant Clara Matthews
(b) Address 22 Southridge Drive
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEP (Month) 26 (Day) 1944 (Year)
(c) Place: burial or cremation OAK HILL CEMETERY
18. (a) Signature of funeral director Parker Lund Co
(b) Address WEBSTER GROVES MO.
19. (a) SEP 26 1944 (Date received local registrar) (b) C. G. McGarvey, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 23 day 23 year 1944 hour 4:00 minute a. M.

21. I hereby certify that I attended the deceased from Sept 22, 1944 to Sept 23, 1944 that I last saw him alive on Sept 22, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	1 day
Due to Sclerosis of Coronary artery (from history of care)	3 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 94a	

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 H. A. Roedrich (M. D. or other)
Address 19 E. Lockwood Webster Groves Mo Date signed 9/27/44

(Licensed Embalmer's Statement on Reverse Side)

NOV 15 1950

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 Leslie Walch, Registered Apprentice No. 362, working under my personal supervision.

Signed C. C. Aldrich

Licensed Embalmer No. 1332

P. O. Address Oxford Grove Me

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.