

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 5 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10094
Registrar's No. 10094

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: Barnes Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 days 0
(Specify whether
In this community Lewis Scott Matthews.
years, months or days)

3. (a) PRINT FULL NAME LEWIS SCOTT MATTHEWS
3. (b) If veteran, name war None.
3. (c) Social Security No. 498-22-6262

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married.
6. (b) Name of husband or wife Theodosia M. Matthews. 6. (c) Age of husband or wife if alive 63. years
7. Birth date of deceased May 8, 1872.
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day
72. 6. 16. hr. min.

9. Birthplace Baltimor, Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant (Medical Books)

11. Industry or business

MOTHER FATHER { 12. Name Richard Matthews.
13. Birthplace Baltimore County, Maryland.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Scott.
15. Birthplace Baltimore County, Maryland.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. S. Matthews.
(b) Address 4399 McPherson Ave.,

17. (a) Entombment. (b) Date thereof 11/27/44.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Mausoleum.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 233 Delmar Bly'd

19. (a) NOV 27 1944 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County MO
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL.")
(d) Street No. #4399 McPherson Ave.,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24
year 1944 hour 1 minute 05 P.M.

21. I hereby certify that I attended the deceased from 11-22-44
to 11-24-44, 1944
that I last saw him alive on 11-24-44, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration

Due to arteriosclerotic heart disease

Due to
Other conditions (Include pregnancy within 3 months of death) 93d

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 FR Bradley (M. D. or other)
Address Barnes Hos. Date signed 11-24-44

10097

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 A. 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.