S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 27 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39602

Registrar's No. 10648

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2217 Lynch St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2217 Lynch St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas S. Matthews

3. (b) If veteran, name war -----

3. (c) Social Security No. 488-18-7721

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mollie Matthews

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Unknown (Month) About (Day) 1869 (Year)

8. AGE: Years About 75 Months Unknown Days If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business

MOTHER FATHER

12. Name John W. Matthews

13. Birthplace (City, town, or county) Georgia (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mollie Matthews

(b) Address 2217 Lynch St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/44 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Jno. E. Mogdell

(b) Address 1926 Allen Ave.

19. (a) DEC 13 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 11 year 1944 hour 6 minute 30 P.M.

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

	Duration
Immediate cause of death Angina Pectoris	
Due to acute indigestion from over eating.	
Due to	
Other conditions arteriosclerosis (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 Walter E. Abell (M. D. or other) M.D.

Address 2253 So. 39th Date signed 12-12-44

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen av

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.