

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1945
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STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15375**

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. _____

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:
City Hospital **0**
(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: **4216**
(a) State **Missouri** (b) County **011**
(c) City or town **St. Louis** **17 23**
(If outside city or town limits, write "RURAL")
(d) Street No. **216 Miller St.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Albert W. Matheny**
(b) If veteran, name war **World 1**
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **10**
year **1945** hour **8** minute **56 P.M.**
21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____;
that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex **Male** **0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
7. Birth date of deceased **July 6, 1887**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Thrombosis** Duration _____
Extension of both legs, extension of forehand, extension of both arms
Extension of nose. What are the results of natural cause just such as would be full or of a beating administered to him by one Jesse W. Mead in the presence of the state on or about 2900
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: **1. Bloodway around 5:00 p.m. cold** PHYSICIAN
Of _____
Underline the cause to which death should be charged statistically.

8. AGE: Years **57** Months **10** Days **4**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Marine Fireman**

11. Industry or business _____

12. Name **Lemuel Matheny**

13. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Coker**

15. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anna Matheny**

(b) Address **216 Miller St.**

17. (a) **Burial** (b) Date thereof **May 14, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **Weick Bros.**

(b) Address **2201 S. Grand Bl.**

19. (a) **MAY 12 1945** (b) **J. F. Brebeck**
(Date received local registrar's) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Open Verdict**
(b) Date of occurrence **May 10 1945**
(c) Where did injury occur? **near of town**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
24
(Specify type of place)
While at work (e) Means of injury **Car above**
23. Signature **J. F. Brebeck** (M. D. or other) **3**
Address **St. Louis** Date signed **5/12/45**

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

SEP 23 1945

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..... *Idney A. Stewart*

Licensed Embalmer No. 3722

P. O. Address. 412 Duchouquette St.

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.