

FILED DEC 7 1945  
Registration District No. 318

Primary Registration District No. 1003

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

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:  
1213 a N. 21st St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000  
(c) City or town St. Louis 2017  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2113a N. 21st St 9  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) C  
If yes, name country

3. (a) PRINT FULL NAME James Alfred Mathews

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Molly Mathews S. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased NOV. 25 1875  
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 0 If less than one day hr. min.

9. Birthplace St. Genevieve Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Samuel Mathews

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

14. Maiden name Unknown

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

16. (a) Informant Myles A. Mathew

(b) Address 4235W N. Market St.

17. (a) Burial (b) Date thereof NOV. 28 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Russell Undt, Co.

(b) Address 2732 Pine St

19. (a) NOV 26 1945 (b) J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25 year 1945 hour minute 6 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.

Immediate cause of death \_\_\_\_\_

Coronary Sclerosis  
Arteriosclerosis  
94

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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 2  
23. Signature Patricia E. Taylor (M.D. or other) \_\_\_\_\_  
Address 1300 Clark Date signed NOV 26 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 Joel Russell  
Licensed Embalmer No. 4112  
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.**