. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35619
Registrar's No. 10271

Registration District No. 3/8 Primary Registration District No. 1003

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: Barnes-Jewish Phillips Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 16 yrs. 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. 2227 a Randolph (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Otis (Jones) Mathews
3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 18, 1929 (Month) (Day) (Year)

8. AGE: Years 16 Months 5 Days 4 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation School, labor
11. Industry or business
FATHER 12. Name Joseph Mathews
FATHER 13. Birthplace (City, town, or county) Alabama (State or foreign country)
MOTHER 14. Maiden name Jones
MOTHER 15. Birthplace (City, town, or county) Miss. (State or foreign country)
16. (a) Informant Joseph Mathews
(b) Address 2227 a Randolph
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 215 So. Jefferson Ave.
19. (a) NOV 27 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22 year 1945 hour 5 minute 45 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.

Immediate cause of death Gunshot wounds of skull and brain with lacerations of both hands as one shot from Roberts Co. Public Theatre 2000 block Olive around 5:45 P.M. Nov
Due to 22 1945
Duration
Other conditions (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:
(c) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Nov. 22 1945
(c) Where did injury occur? St. Louis Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Theatre (Specify type of place)
While at work? (e) Means of injury Gun
23. Signature Dr. Alfred J. Perry (M. D. or other)
Address Deputy Coroner Date signed 11-27-45

(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.....

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

working under my personal supervision.

Signed.....S J Watson

Licensed Embalmer No. 2698

P. O. Address 276 Gilhouteau

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.