

No. 2  
-5-43  
17-39  
X36871

FILED DEC 28 1945  
Registration District No. 318

Primary Registration District No. 1003

State File No. 10904  
Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(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:  
Missouri-Pacific Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 hours  
(Specify whether 1)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County ST. CLAIR,

(c) City or town EAST ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 650 N. 28TH ST.  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_ 2

3. (a) PRINT FULL NAME WINSTEAD LEE MATHIS

3. (b) If veteran, name war WORLD WARI

3. (c) Social Security No. 355-01-2371

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife JUNE MATHIS

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased FEB 9 1889  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13  
year 1945 hour 8 minute 03 A.M.

21. I hereby certify that I attended the deceased from Dec 12 1945 to Dec 13 1945  
that I last saw him alive on Dec 13 1945  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>10</u>	<u>9</u>	- hr. - min.

Immediate cause of death Coronary occlusion & myocardial infarction

Due to arteriosclerotic heart disease

Due to \_\_\_\_\_

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

10. Usual occupation MACHINIST HELPER

11. Industry or business TERMINAL RAILROAD

Other conditions Extensive pulmonary fibrosis with emphysema and cystic disease  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name JOHN MATHIS

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

14. Maiden name FERRIS MULL

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

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? \_\_\_\_\_

16. (a) Informant June Mathis

(b) Address East St. Louis, Ill

17. (a) Natl. Cem. (b) Date thereof Dec. 17 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

23. Signature Robert Hannay (M. D. or other) \_\_\_\_\_  
Address St. Louis, Mo. Date signed 12/17/45

18. (a) Signature of funeral director J. J. Barrack

(b) Address 2111 S. Grand

19. (a) DEC 14 1945 (b) J. J. Barrack  
(Date received local registrar) (Registrar's signature)

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

**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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

**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.**