S. No. 2
M—2-43
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I X35697

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

2841

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1946

State File No. 644

Registration District No. 918 Primary Registration District No. 1003 Registrar's No. 857

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: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Ferguson 6
(If outside city or town limits, write "RURAL")

(d) Street No. 441 N. Elizabeth Ave. 21 N.R.
(If rural, give location)

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

If yes, name country --

3. (a) PRINT FULL NAME Thomas Steven Matthews

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

3. (c) Social Security No. ----

4. Sex M

5. Color or race W

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 Sept. (Month) 7 (Day) 1945. (Year)

8. AGE: Years -- Months 4 Days 18 If less than one day ___ hr. ___ min.

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

10. Usual occupation Nihel

11. Industry or business --

FATHER
12. Name Arthur F. Matthews
13. Birthplace Greenbay (City, town, or county) Wisconsin (State or foreign country)

MOTHER
14. Maiden name Julia Pauline Furley
15. Birthplace McComb, Mississippi. (City, town, or county) (State or foreign country)

16. (a) Informant Arthur F. Matthews
(b) Address Ferguson, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/45. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director White Funeral Home
(b) Address Ferguson, Mo.

19. (a) JAN 26 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25 year 1946 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from birth, 19__, to 1-25, 1946 that I last saw h 12 alive on 1-25-46, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Oedema of brain & hemorrhage due to extension of the virus infection of left middle ears (otitis media left)

Duration: 5 days duration

Due to

Due to

Other conditions Eczema.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes.

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 [signature] (M. D. or other)

Address 37 Jo Washington Date signed 1-26-46

(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.....L. E. White.....

Licensed Embalmer No. 3973

P. O. Address Ferguson, Ind

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.