

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11423

State File No.

FILED APR 5 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2883

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:  
Missouri Baptist Hospital  
 (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 Iowa (b) County Appanoose  
 (c) City or town..... Cincinnati  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Route # 1  
 (If rural, give location)  
 (e) Citizen of foreign country?.....  
 If yes, name country.....

3. (a) PRINT FULL NAME Ethel Sarah Mathews  
 (b) If veteran, name war No  
 (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26  
 year 1946 hour 6 minute 25 P M.

4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Abner Mathews  
 (c) Age of husband or wife if alive 56 years  
 7. Birth date of deceased May 29 1896  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mich-10 1946, to Mich-26 1946, that I last saw her alive on Mich-26 1946 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
49 9 27 hr. min.

Immediate cause of death  
Acute Coronic Dilatation 20"  
 Due to Chronic Myocarditis 24yrs  
 Due to Chronic Cholecystitis 5 yrs  
Non-calculous

9. Birthplace Cincinnati Iowa  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Chronic Cholecystitis  
 Of operations.....  
 Of autopsy.....  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 11. Industry or business.....  
 12. Name George W. Leaming  
 13. Birthplace Unknown England  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Roy E. Mathews  
 (b) Address Cincinnati, Iowa  
 17. (a) Removal (b) Date thereof 3-27-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Cincinnati, Iowa  
 18. (a) Signature of funeral director Albert H. Hoppe  
 (b) Address 4700 Washington Blvd.  
 19. (a) MAR 27 1946 J. F. Brudick  
 (Date received local registrar) (Registrar's signature)

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?  
 While at work?..... (Specify type of place) (e) Means of injury.....  
 23. Signature George W. Leaming (M. D. or other) 2nd  
 Address 720 W 4th St Harris Date signed 3/27/46

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

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10000

APR 9 1946

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**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 Elmer R. Padwell  
Licensed Embalmer No. 4077  
P. O. Address.....

**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.**