

FILED AUG 5 1946

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4447 Delmar Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 37 years
(Specify whether 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. 4447 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME ALICE MATHEWS

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Abraham 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Oct. 12 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 8 28 hr. min.

9. Birthplace Clairborne Co. Miss. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business --

12. Name Tom Brown 9
13. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)
14. Maiden name Susan Bryant 9
15. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)

16. (a) Informant Marcella Reaves
(b) Address 4447 Delmar Blvd.

17. (a) Burial (b) Date thereof 7-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) JUL 15 1946 J. F. Br...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th
year 1946 hour 8 minute 42 P.M.

21. I hereby certify that I attended the deceased from 2
19... to 19...
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to...
Due to...
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:
(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 of physician (M. D. or other)
Address Date signed 7/15/46

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

24265

STATEMENT BY LICENSED EMBALMER

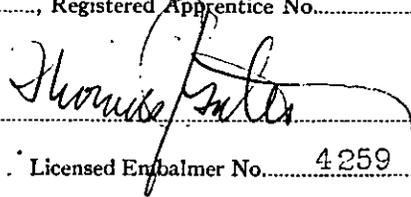
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates

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

working under my personal supervision.

Signed.....



..... Licensed Embalmer No..... 4259

P. O. Address..... 4107 Finney Ave.....

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.