

No. 2  
2-45  
17-39  
X47070

FILED NOV 19 1946

Registration District No. 17

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 10-28-46  
(Specify whether years, months or days) 20 Years

3. (a) PRINT FULL NAME MATTHEWS, John R.

3. (b) If veteran World I name war  
3. (c) Social Security No. 497070117

4. Sex Male race White  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edna Matthews  
6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased March 4 1889  
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 2  
If less than one day hr. min.

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

10. Usual occupation Bartender

11. Industry or business

MOTHER FATHER

12. Name John Matthews

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

14. Maiden name Willie Holt

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

16. (a) Informant Registrar, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F. Feutz, Fun.

(b) Address Home, 4828 Natural Bridge, St. Louis

19. (a) 11-12-46 (Date received local registrar) (b) Ruth Allen (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Creve Coeur  
(If outside city or town limits, write "RURAL")  
(d) Street No. None  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6  
year 1946 hour 4:35 minute P M.

21. I hereby certify that I attended the deceased from 10-28-46 19... to 11-6-46 19...  
that I last saw him alive on November 6 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS  
Duration UNK

Due to

Due to 1248

Other conditions CIRRHOSIS OF LIVER WITH ASCITES  
(include pregnancy within 5 months of death) UNK

Major findings: No Operation  
Of operations UNK

Of autopsy No Autopsy  
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) No

(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? At Home (Specify type of place) Means of injury

23. Signature L. E. SILWELL, M.D. (M. D. or other)

Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 11-7-46

DEC 3 1946

**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 *John A. Malinai*  
Licensed Embalmer No. *4186*  
P. O. Address *St. Louis Mo.*

**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.**