

No. 2
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5-17-39
I X36571

FILED FEB 24 1947

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Florence Matthews

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

4. Sex Female 5. Color or race White 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 August 3, 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>6</u>	<u>2</u>	hr. min.

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

10. Usual occupation Elevator Operator

11. Industry or business Meyer Bros. Drug Co.

MOTHER { 12. Name James Matthews 4

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

14. Maiden name Annette Pococke

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. U. S. Randall

(b) Address 1448 Hodiament

17. (a) Burial (b) Date thereof: 2/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Sunset Burial Park

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) FEB 7 1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Good
(c) City or town St. Louis, Mo. 6-17
(If outside city or town limits, write "RURAL")
(d) Street No. 5239 Wells 9
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1947 hour 1.50P. M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: 1. Medico-legal autopsy
2. Fracture of both legs
3. Fracture of pelvis when she attempted to board elevator which was moving upward unattended
4. Which she had just stepped off on the 2nd floor as file
of Meyer Brothers Drug Company
2 1/2 story street
Major injury
2/4/47

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) Accidental
(b) Date of occurrence Feb 4, 1947
(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, farm, in industrial place, in public place?
Work
(Specify type of place) (e) Means of injury 6 story

23. Signature Edith E. Ambruster (M. D. or other) 3
Address Manchester Date signed 2/7/47

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..... *Henry Eymcke*.....

Licensed Embalmer No. *1284*

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.