V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26378

FILED AUG 4 1947

Registration District No. 3/7

Primary Registration District No. 6076

Registrar's No. 1615

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

96
0
0

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital 8
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town St. Louis (Univ. City) 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6262 Cabanne 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country —

3. (a) PRINT FULL NAME MATTHEWS, Claude Edward
3. (b) If veteran, name war WW-1
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Div. 3
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased September (Month) 25 (Day) 1897 (Year)

8. AGE: Years 49 Months 10 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Flora, Illinois 1
(City, town, or county) (State or foreign country)
10. Usual occupation Taxi Driver
11. Industry or business —
FATHER
12. Name Unknown
13. Birthplace — 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace — 9
(City, town, or county) (State or foreign country)
16. (a) Informant Registrar - VAH
(b) Address Jefferson Barracks, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Flora, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 7-31-47 (Date received local registrar) (b) Cecil A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1947 hour 4 minute 20 a M.
21. I hereby certify that I attended the deceased from July 9, 1947 to July 30, 1947;
that I last saw him alive on July 30, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CEREBRAL THROMBOSIS, CAUSE UNDETERMINED	Unk
PNEUMONIA, RIGHT LUNG	
Due to PSYCHOSIS, CAUSE UNDETERMINED	
Due to 47, b	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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 8
23. Signature L. E. Stilwell (M. D. or other)
Address VAH-Jefferson Barracks, Mo. Date signed 7/30/47

Jefferson City Printing Co.

(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 Elmo R. Cadwell

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.