S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

36050

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10198

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: 1919 So. Grand Blv'd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ooo
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1919 So. Grand Blv'd Saum Hotel
(If rural, give location) 7
(e) Citizen of foreign country? (Yes or No) 17
If yes, name country

3. (a) PRINT FULL NAME Jessie E. Matthews
3. (b) If veteran, name war no
3. (c) Social Security No.

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widow 2
6. (b) Name of husband or wife George T. Matthews
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 17 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
71	0	16	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation at home
11. Industry or business none
MOTHER FATHER
12. Name Robert Herries
13. Birthplace Scotland (City, town, or county) (State or foreign country) 4
14. Maiden name Mary Ann Hunter
15. Birthplace Scotland (City, town, or county) (State or foreign country) 4
16. (a) Informant Arthur Linberg
(b) Address 6974 Oleatha
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Musoleum
18. (a) Signature of funeral director A. Kron & Co
(b) Address 2707 N. Grand Blv'd
19. (a) NOV 4 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3 year 1947 hour 7 minute 00 p. M.

21. I hereby certify that I attended the deceased from Feb 18, 1944 to Nov 3, 1947 that I last saw him alive on Nov 3, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(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) 0
While at work (e) Became injury
23. Signature Carl Richards M.D. M. D. or coroner
Address 3748 Lafayette Date signed 11/4/47

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.