

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39954

FILED DEC 6 1947 318

State File No. _____
Registrar's No. 10878

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

(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:
4822 Maffitt Ave.
(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 _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oae

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17

(d) Street No. 6 4822 Maffitt Ave
(If rural, give location) 9

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Arthur C. Matthews

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

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Elizabeth Matthews

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 5 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83	7	21	hr. _____ min. _____
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9. Birthplace Birmingham England
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name George Matthews

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

14. Maiden name Elizabeth Chapman
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. E. Matthews

(b) Address 4822 Maffitt

17. (a) Burial (b) Date thereof Nov. 29/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Sullivan Funeral Direct.

(b) Address NO 2849 N. Euclid Ave.

19. (a) NOV 28 1947 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th
year 1947 hour 10 PM minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 20th
1947, to Nov. 26, 1947.

that I last saw him alive on Tuesday Nov. 26th 1947
and that death occurred on the date and hour stated above

Immediate cause of death _____
Bronchial Pneumonia

Duration 7 Days

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature J. F. Brundick Signature J. F. Oliver & Bar (M. D. or other) M.D.

Address 3519 Rebel Date signed 11/28/47

(Licensed Embalmer's Statement on Reverse Side) Oliver O'Bar.

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

Dr. O'Bar.
3519 Herbert
Gr. 2410

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 J. Kennedy
Licensed Embalmer No. 4194
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.