No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2832

Registrar's No. 778

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: ST. JOHN'S HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 DAYS (Specify whether
In this community 24 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ILL (b) County ST. CLAIR
(c) City or town EAST ST. LOUIS ILL
(If outside city or town limits, write "RURAL")
(d) Street No. 220 ST. CLAIR AVE.
(If rural, give location)
R.R.
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDWARD WILBUR MATHIS
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife PATRICIA
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased SEPT (Month) 20 (Day) 1871 (Year)

8. AGE: Years 76 Months 4 Days 5 If less than one day hr. min.

9. Birthplace JEFFERSON COUNTY (City, town, or county) ILL (State or foreign country)
10. Usual occupation TAVERN OWNER
11. Industry or business TAVERN BUSINESS
FATHER
12. Name HARTWELL HOWARD MATHIS
13. Birthplace JACKSON (City, town, or county) TENN (State or foreign country)
MOTHER
14. Maiden name MARY MARTHA SPILLERS
15. Birthplace CHATANOOGA (City, town, or county) TENN (State or foreign country)
16. (a) Informant Edward Mathis
(b) Address EST. LOUIS, ILL
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JAN 26 1948 (Month) (Day) (Year)
(c) Place: burial or cremation EST. LOUIS ILL
18. (a) Signature of funeral director John J. Rausch
(b) Address EST. LOUIS ILL
19. (a) JAN 26 1948 (Date received local registrar) (b) J. F. Bradcak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25th
year 1948 hour 12 minute 25 A.M.
21. I hereby certify that I attended the deceased from 12-30-47, 19..., to 1-24-48, 19...;
that I last saw him alive on 1-24-48, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cirrhosis of the liver	
Due to:	
Due to:	
Other conditions: cholelithiasis & Brights Disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations: above diagnosis, that is cirrhosis of liver and gall stones
Of autopsy: no

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)
While at work? (e) Means of injury

23. Signature C. H. Nelson (M. D. or other)
Address 306 Humboldt Bldg Date signed 1-26-48

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 Not Embalmed, Registered Apprentice No. _____, working under my personal supervision.

Signed John J. Kassly

Licensed Embalmer No. 6855 (Ill)

P. O. Address E. St. Louis, Ill

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.