FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6746

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1800

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days (Specify whether
In this community 19 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3720 Cook
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Jean Matthews

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased 12 (Month) 25 (Day) 1908 (Year)

8. AGE: Years 39 Months ~~2~~ ~~24~~ If less than one day hr. min.

9. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ARMANDA LESTER
15. Birthplace GERMANTOWN PA. (City, town, or county) (State or foreign country)

16. (a) Informant Adelle Dupree
(b) Address 560 Benton St Detroit

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON CEMETERY

18. (a) Signature of funeral director Boyd Bro's
(b) Address 3704 FINNEY

19. (a) FEB 23 1948 (Date received local registrar) (b) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
year 1948 hour 11 minute 25 P M.

21. I hereby certify that I attended the deceased from Jan. 30, 1948, to Feb. 19, 1948
that I last saw her alive on Feb. 19, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death LUNGS: Abscess, left Bronchiectasis; Empyema

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

Duration

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 Oscar L Daniels (M. D. or other)
Address 2601 No Whittier Date signed 2/21/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

APR 6 1948

APR 8 1948

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 Edward G Flynn

Licensed Embalmer No. 4444

P. O. Address 4548 a-Bag

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.

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