S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

17820

State File No.

FILED JUN 12 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5045

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Park Lane Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4946 McPherson Avenue., 9
(If rural, give location)

12

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

If yes, name country

3. (a) PRINT FULL NAME Frank Mathews

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Anna Mathews

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased January (Month) 6 (Day) 1878 (Year)

8. AGE: Years 70 | Months 4 | Days 22 | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Greece 6 (State or foreign country)

10. Usual occupation Retired Baker

11. Industry or business Bakery

FATHER
12. Name Constantine Mathiopoulos
13. Birthplace Unknown (City, town, or county) Greece 6 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Greece 6 (State or foreign country)

16. (a) Informant Anna Mathews
(b) Address 4946 McPherson Avenue.,

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

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,

19. (a) JUN 1 1948 (Date received local registrar) (b) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1948 hour 2.45 minute P.M.

21. I hereby certify that I attended the deceased from April 28, 1948, to May 28, 1948 that I last saw him alive on 5/28/48, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Sigmoid colon	5 mo
Due to —	
Due to — 46	
Other conditions Intestinal Adhesions with bowel obstruction from old operation (Include pregnancy within 3 months of death)	yrs
Major findings: Of operations General Adhesions (gangrenous Appendix ca. 25 yrs. ago) and Malignant mass of sigmoid	

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature G. William Porhl M.D. (M. D. or other)

Address 5101 Delmar Bl Date signed 5/30/48

(Licensed Embalmer's Statement on Reverse Side)

5145

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.