S. No. 300
M 10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 15 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 18298

Registrar's No. 1224

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pattonville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Oak & Raymond Avenues
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 3-Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Pattonville 0
(If outside city or town limits, write "RURAL")

(d) Street No. Oak & Raymond Avenues 0
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Alexander Mathis

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

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

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

7. Birth date of deceased March (Month) 2 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	2	11	____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Switzerland 2 (State or foreign country)

10. Usual occupation Retired Fish-Oyster Dealer

11. Industry or business Self

FATHER
12. Name X Unknown
13. Birthplace Unknown (City, town, or county) ____ (State or foreign country) 2

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) ____ (State or foreign country) 2

16. (a) Informant Anna V. Mathis

(b) Address Pattonville, Mo. Box 32

17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 5-17-48 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Barnes Ann Bros. Inc.

(b) Address 2504-Woodson Rd-Overland-Mo.

19. (a) 5-10-48 (Date received local registrar) (b) Gerald Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1948 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from 11-8-46
~~May 4~~, 19__, to May 4, 1948;
that I last saw him alive on May 4, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the prostate gland

Due to ____ 5 lb

Due to ____

Other conditions generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____

Of autopsy ____

Duration

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 ____

23. Signature S. M. Fernandez (M. D. or other) 0 May

Address St. Louis County Hosp. Clayton, Mo. Date signed May 13, 1948

(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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, Mo.

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.