FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 28 1948

Registration District No. 118

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 21139

Registrar's No. 5622

1. PLACE OF DEATH:

(a) County: ~~2334 Carr Street~~

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

(c) Name of hospital or institution: 2334 Carr Street
(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: one years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

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

(d) Street No.: 2334 Carr Street (If rural, give location) 9

21 0

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

If yes, name country

3. (a) PRINT FULL NAME: Tom Mathews

3. (b) If veteran, name war: no

3. (c) Social Security No.:

4. Sex: Male 2

5. Color or race: Col.

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Mar. (Month) 19 (Day), 1897 (Year)

8. AGE: Years 51 Months 3 Days 0 If less than one day: hr. min.

9. Birthplace: ? (City, town, or county) Tenn. (State or foreign country) 1

10. Usual occupation: labor

11. Industry or business:

MOTHER FATHER

12. Name: unknow

13. Birthplace: unknow (City, town, or county) (State or foreign country) 7

14. Maiden name: unknow

15. Birthplace: unknow (City, town, or county) (State or foreign country) 9

16. (a) Informant: Elvenly Wade

(b) Address: 2334 Carr Street

17. (a) ship (Burial, cremation, or removal) (b) Date thereof: June 22, 48 (Month) (Day) (Year)

(c) Place: burial or cremation: Memphis, Tenn

18. (a) Signature of funeral director: Dement & Son

(b) Address: 2629-31 Cole Street

19. (a) JUN 22 1948 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1948 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Myocardial Insufficiency

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

Of autopsy:

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: (M. D. or other)

Address: Date signed 6/21/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 5 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 W. Claude Gordon

Licensed Embalmer No. 2489

P. O. Address 4575 Aldin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.