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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 28 1948

318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28014
Registrar's No. 7385

Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3911 South Compton Ave.
(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

3. (a) PRINT FULL NAME Mary Mathews

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S. O.

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

7. Birth date of deceased Dec. 18th., 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 3 hr. min.

9. Birthplace St. Louis Mo. O
(City, town, or country) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Luke Mathews

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Fox

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Agnes Mathews

(b) Address 3911 So. Compton

17. (a) Burial (b) Date thereof 8-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) AUG 23 1948 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3911 So. Compton Ave.
(If rural, give location)
(e) Citizen of foreign country? 16 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21st.,
year 1948 hour 10 minute 10 p.

21. I hereby certify that I attended the deceased from July 19 1948
to Aug 20 1948, 1948
that I last saw he alive on Aug 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Dehydration
Due to Dehydration
Due to Senility & pneumonia
Other conditions: anemia
(Include pregnancy within 3 months of death)

Duration
1 week
Underline the cause to which death should be charged statistically.

Major findings: 73
Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature: [Signature] (M. D. or other) _____
Address: 4065 [Address] Date signed: 8/23/48

4065 S. Grand Blvd. 750-5-
"Knock on door, give to nurse"

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 Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.