

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28015
Registrar's No. 7361

Registration District No. 318

Primary Registration District No. 1003

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:
Missouri Baptist Hospital
(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 Caroline E. Mathewson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married/
divorced Married
6. (b) Name of husband or wife Guy W. 6. (c) Age of husband or wife if
alive 58 years
7. Birth date of deceased Sept 16 1894
(Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 4 If less than one day
hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Edward Barding

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

14. Maiden name Elizabeth Luke

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Guy W. Mathewson

(b) Address 4000 Colonial Drive

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

(c) Place: burial or cremation Friedens Cem. Provost Und. Co.

18. (a) Signature of funeral director _____

(b) Address 3710 N. Grand Blvd.

19. (a) AUG 22 1948 (b) J. F. Brudeck
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Normandy - Northwoods
(If outside city or town limits, write "RURAL")
(d) Street No. 4000 Colonial Drive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20
year 1948 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from March 1,
1946 to August 13, 1948
that I last saw her alive on August 13, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma
Primary site uterus Duration 1 yr.

Due to cardiac failure

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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) None
(b) Date of occurrence None
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

While at work? None (Specify type of place) Means of injury None

23. Signature Barney Whinnel (M. D. or other) MD.
Address 6510 W. Florissant Date signed 8/21/48

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 Albert Mayfield
Licensed Embalmer No. 3077

P. O. Address.....

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.