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

FEDERAL SECURITY AGENCY #85516
National Office of Vital Statistics

FILED OCT 1 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31256

Primary Registration District No. 1006

Registrar's No. 8287

1. PLACE OF DEATH:

(a) County
(b) City or town St.Louis,Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St.Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 8 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County StLouis
(c) City or town (If outside city or town limits, write "RURAL") 6437 Oleatha
(d) Street No. Memorial (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

over 17 9 0 14

3. (a) PRINT FULL NAME CHARLES MATTHEWS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 26 (Day) 1948 (Year)

8. AGE: Years 62 Months 5 Days 21 If less than one day hr. min.

9. Birthplace Eureka (City, town, or county) Mo (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Wm Matthews

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

14. Maiden name Annie Napier

15. Birthplace FRANKLINs County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant W N Matthews
(b) Address 6437 OLEATHA

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-20-1948 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cem

18. (a) Signature of funeral director Rowland Mortuary Svc
(b) Address Manchester

19. (a) SEP 22 1948 (Date received local registrar) SEP 22 1948 J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17th year 1948 hour 7 minute 05 P. M.

21. I hereby certify that I attended the deceased from 7/9/48, 19, to Sept. 17th, 19 48 that I last saw him alive on Sept. 17th, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic Carcinoma

Due to

Due to

Other conditions (Includes pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes or no

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 James J. McDonald (M. D. or other)
Address 1515 Lafayette Date signed 9/18/48

(Licensed Embalmer's Statement on Reverse Side)

28278

Current file

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 Ronald Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis

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

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