

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17504
4162
Registrar's No.

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>City Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>1811a S. 7th St.</i>	

3. NAME OF DECEASED (Type or Print) John	a. (First)	b. (Middle)	c. (Last) Mathews	4. DATE OF DEATH (Month) (Day) (Year) 5/7/49
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 28, 1882	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator	10b. KIND OF BUSINESS OR INDUSTRY Brooks Paper Co.	11. BIRTHPLACE (State or foreign country) Cape Girardeau, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Jennie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 492-24-5859	17. INFORMANT'S SIGNATURE OR NAME William Matheus--	ADDRESS 1927 Lynch St.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Subacute Tuberculosis</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Fr. of right femur; suffered in fall to sidewalk at 7th</i> DUE TO (c) <i>Stouland April 30 1949</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>about 1:00 am</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Accident</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Sidewalk</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo. / Mo.</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Apr 30 49 11:00 a.m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>6 39</i>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *1:58 a.m.*, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <i>Cathel E Taylor Coronist</i>	22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>5-9-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5/10/49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>New St. Marcus Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Missouri.</i>
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DATE REC'D BY LOCAL REGISTRY <i>WAY 9 1949</i>	REGISTRAR'S SIGNATURE <i>J. B. Casater</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wacker - Helobele</i>	ADDRESS <i>3634 Gravois</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Delis J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address *3634 Graven*

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.