

S. No. 300
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WRITE MAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED *Jan 28 1950*

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2784

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **605**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>ST. Louis</i>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <i>ST. Louis</i>		2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G Phillips Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>18 3438^e Laclede.</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Catherine</i> b. (Middle) c. (Last) <i>Matthews</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 18 1950</i>	
5. SEX <i>F 3</i>	6. COLOR OR RACE <i>col</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Oct 4, 1901</i>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
<i>48</i>		<i>78</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>Home Wife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Texas</i>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <i>Wallace Davis</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Luke Matthews</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Luke Matthews 2438 Laclede</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertensive Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Undet.</i>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Undetermined</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Congestive Failure</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>443 X</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-15</i> , 1950, to <i>1-18</i> , 1950 that I last saw the deceased alive on <i>1-18</i> , 1950, and that death occurred at <i>2:10a</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Dwight Hedrick</i>		23b. ADDRESS <i>2601 N Whittier St</i>	23c. DATE SIGNED <i>1-18-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan 24/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Waldington Park Cem</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis MO</i>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>JAN 20 1950</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>F. G. Green 4214 Delmar</i>	

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.....

F. A. Greer

Licensed Embalmer No. *2963*

P. O. Address: *4214 Delmar*

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.