

FILED JUN 23 1950

STANDARD CERTIFICATE OF DEATH

21802 State File No. 5129 Registrar's No.

BIRTH NO. #110067 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

I. PLACE OF DEATH a. COUNTY b. CITY OR TOWN c. LENGTH OF STAY d. FULL NAME OF HOSPITAL OR INSTITUTION
II. USUAL RESIDENCE a. STATE b. COUNTY c. CITY OR TOWN d. STREET ADDRESS

3. NAME OF DECEASED a. (First) PAULINE b. (Middle) MATHIS c. (Last) MATHIS 4. DATE OF DEATH (Month) (Day) (Year) June 9th, 1950

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH JAN. 15, 1908 9. AGE (In years last birthday) 42

10a. USUAL OCCUPATION Housework 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Kentucky 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Charles Buchanan 13b. MOTHER'S MAIDEN NAME Julia Davis 14. NAME OF HUSBAND OR WIFE Robert Mathis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? no 16. SOCIAL SECURITY NO. nine 17. INFORMANT'S SIGNATURE OR NAME Charles Buchanan ADDRESS 3748 Cot Brillion

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) Pulmonary embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sarcoma of right breast DUE TO (c) femur metastasis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. to lung

19a. DATE OF OPERATION 4-1-50 19b. MAJOR FINDINGS OF OPERATION Sarcoma right femur 20. AUTOPSY? YES [X] NO []

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [] 21f. HOW DID INJURY OCCUR 196X

22. I hereby certify that I attended the deceased from 3/30/50, 19, to 6/9/50, 19, that I last saw the deceased alive on 6/9/50, 19, and that death occurred at 12:45 AM m., from the causes and on the date stated above.

23a. SIGNATURE Catherine Jean Crawford M.D. (Degree or title) 23b. ADDRESS 1515 Lafayette Ave., 23c. DATE SIGNED 6/9/50

24a. BURIAL, CREMATION, REMOVAL Burial 24b. DATE 6/12/50 24c. NAME OF CEMETERY OR CREMATORY Memorial Park 24d. LOCATION (City, town, or county) (State) St. Louis Mo.

DATE REC'D BY LOCAL REG. JUN 12 1950 REGISTRAR'S SIGNATURE J. B. Pasater 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Joe J. Zeman 1389 Union

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

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 _____
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *J Allen Davis*

Licensed Embalmer No. 4053

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.