

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35109
8874

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE St. Louis b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Missouri <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri 2159	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3539 Bingham, Apt. 105	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3539 Bingham Apt. 105			

3. NAME OF DECEASED (Type or Print) a. (First) Albert D. Mather b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct. 18, 1950		
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5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jul. 24, 1886	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY City		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. <input checked="" type="checkbox"/>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME Albert Mather		13b. MOTHER'S MAIDEN NAME Mary Sheehan		14. NAME OF HUSBAND OR WIFE Anna Mather	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Anna Mather 3539 Bingham		ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertrophy Left Ventricle</i> DUE TO (c) <i>Auricular Fibrillation & Hypertension</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>443X</i>	
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22. I hereby certify that I attended the deceased from *Sept 2, 1949*, to *Oct. 18, 1950*, that I last saw the deceased alive on *Oct. 7, 1950*, and that death occurred at *8 a. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Nicholas A. Young M.D.</i>		23b. ADDRESS <i>4307 S. Grand</i>		23c. DATE SIGNED <i>Oct. 19, 1950</i>	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <i>10-21-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>SS Peter & Paul</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
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DATE REC'D BY LOCAL REG. <i>OCT 20 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Foster</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>St. Bernard Funeral Home</i>		ADDRESS <i>6322 S. Grand Blvd</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. N. Young
4307 S. Grand

10 A.M.

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4243

P. O. Address 6327 So. Grand

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

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