

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 23 1951

State File No. 6419

BIRTH NO. 11197-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1426

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY	
b. CITY OR TOWN Saint Louis, Missouri	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Saint Louis, 2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		6 STREET ADDRESS (If rural, give location) 5831a Theodosia Street.	

3. NAME OF DECEASED (Type or Print) a. (First) Lawrence b. (Middle) Ralph c. (Last) Matheny			4. DATE OF DEATH (Month) (Day) (Year) Feb. 11 1951.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) --	8. DATE OF BIRTH Feb. 28th, 1950.		9. AGE (In years last birthday) 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Ralph Matheny		13b. MOTHER'S MAIDEN NAME Anna Schmidt		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --		16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph Matheny 5831a Theodosia St.		

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension - Dehydration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Spastic Quadriplegia DUE TO (c) Subdural Hematoma			INTERVAL BETWEEN ONSET AND DEATH 2 days 6 mo 6 mo
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Blood clot 9/22 polramotomy done		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)		
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? 3320X		

22. I hereby certify that I attended the deceased from 9/22 1951, to 2/11 1951, that I last saw the deceased alive on 2/10 1951 and that death occurred at 4:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE Jackson St		(Degree or title) M.D.	23b. ADDRESS 634 N. Grand	23c. DATE SIGNED 2/12/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 14, 1951	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) Ssint Louis, Missouri.	

DATE REC'D BY LOCAL REG. FEB 13 1951	REGISTRAR'S SIGNATURE J. B. Luster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegenhain Bros., 6409 Gravois Ave.		
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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.....

Van M. Sycamore

Signed.....
Student Embalmer

.....
Licensed Embalmer No. *4343*

P. O. Address *St Louis Mo*

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.