

FILED APR 9 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10409

318

1003

State File No. 2961

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2847 A INDIANA</u>				d. STREET ADDRESS (If rural, give location) <u>2847 A INDIANA</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PHILIP</u> b. (Middle) <u>PETER</u> c. (Last) <u>MATHEWS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-27-51</u>				
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 13 1878</u>	
9. AGE (in years last birthday) <u>72 yrs</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAN HANDLER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GLIDDEN PAINT CO</u>			11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>PHILIP MATHEWS</u>			13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE FRICK</u>			14. NAME OF HUSBAND OR WIFE <u>BLANCHE MATHEWS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>494-05-3434</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BLANCHE MATHEWS 2847 A INDIANA</u>			
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.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>						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) _____	
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS <u>Cerebral Hemorrhage Hypertension.</u>							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>492-2</u>			
22. I hereby certify that I attended the deceased from <u>March</u> , 19 <u>41</u> , to <u>Mar. 27</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Mar 27th</u> , 19 <u>51</u> , and that death occurred at <u>3:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank Demko-M.D.</u> (Degree or title)				23b. ADDRESS <u>1319 So. Bdway.</u>		23c. DATE SIGNED <u>3-28-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 30-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>MAR 30 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. SCHNUR 3125 LAFAYETTE</u>			

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.....

*Joseph Vollmer*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

**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.