

FILED JUL 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24989
6447

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY 1				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis			c. LENGTH OF STAY (in this place) 3			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			2039				
d. FULL NAME OF HOSPITAL OR INSTITUTION 2604 Clifton Ave				d. STREET ADDRESS (If rural, give location) 2604 Clifton Ave						0			
3. NAME OF DECEASED (Type or Print) a. (First) Arthur			b. (Middle) Edward			c. (Last) Mathews			4. DATE OF DEATH (Month) (Day) (Year) 7-17-1951				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2-17-1900		9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Post Supervisor				10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office		11. BIRTHPLACE (State or foreign country) Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Elverton Mathews				13b. MOTHER'S MAIDEN NAME Flora Lauher				14. NAME OF HUSBAND OR WIFE Eva Mathews					
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eva Mathews 2604 Clifton Av							
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		MEDICAL CERTIFICATION Myocardial infarction arteriosclerotic heart disease Syno.						INTERVAL BETWEEN ONSET AND DEATH			
		DUE TO (b)		DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</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)									
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? H 201									
22. I hereby certify that I attended the deceased from alive on July 1950 and that death occurred at 10 4 m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Kerhard Duncan				23b. ADDRESS 101 La. Mercedes - Chilton				23c. DATE SIGNED July 18, 1951					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-20-1951		24c. NAME OF CEMETERY OR CREMATORY Evansville, Illinois		24d. LOCATION (City, town, or county) (State) Illinois Evansville, Illinois							
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 19 1951 J. B. Pasator				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fiegeheim Bros. 6409 Gravel Ave									

Between 9 and 12
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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Law M. Sigmond

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.