

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **28521**
 Registrar's No. **7220**

BIRTH NO. **40220-57** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY			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 OR TOWN St. Louis, Missouri)		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1			STREET ADDRESS (If rural, give location) 2359 South 13th 8		
3. NAME OF DECEASED (Type or Print) a. (First) BABY BOY b. (Middle) c. (Last) MATTESON			4. DATE OF DEATH (Month) (Day) (Year) JUNE 21 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6-23-51	9. AGE (In years last birthday) 0 <small>if UNDER 1 YEAR Months Days</small> Newborn 6 36 <small>if UNDER 22 HRS. Mins.</small>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Roy Matteson		13b. MOTHER'S MAIDEN NAME Loretta Anderson		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Hospital Record ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> 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>			INTERVAL BETWEEN ONSET AND DEATH 6/24/51
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) St. Louis MO MO	
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? 756X	
22. I hereby certify that I attended the deceased from 6-23-51 , 19___, to 6-24-51 , 19___, that I last saw the deceased alive on 6-24-51 , 19___, and that death occurred at 12:25A m. , from the causes and on the date stated above.					
23a. SIGNATURE Thomas X Rich (Degree or title) MD			23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 6-25-51
24a. BURIAL, CREMATION, REMOVAL (Specify) ID		24b. DATE AUG 14 1951	24c. NAME OF CEMETERY OR CREMATORY Swantonwood		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL AUG 14 1951		REGISTRAR'S SIGNATURE Carl Smith		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc.	

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.....

Licensed Embalmer No.....

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.