

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39415**
Registrar's No. **10979**

FILED DEC 15 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003**

1. PLACE OF DEATH
a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Missouri**

c. LENGTH OF STAY (in this place) _____

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Enroute City Hospital**

2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission)
a. STATE **Missouri** b. COUNTY _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2229**

d. STREET ADDRESS (If rural, give location) **1224 South 18th Street.**

3. NAME OF DECEASED (Type or Print)
a. (First) **Joseph** b. (Middle) **E.** c. (Last) **Mathis**

4. DATE OF DEATH **December 10, 1951**
(Month) (Day) (Year)

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced**

8. DATE OF BIRTH **May 5, 1890**

9. AGE (in years last birthday) **61**

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) **Night Watchman**

10b. KIND OF BUSINESS OR INDUSTRY **Liggett-Meyer**

11. BIRTHPLACE (State or foreign country) **Wardell, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Kinch R. Mathis**

13b. MOTHER'S MAIDEN NAME **Josephine Winters**

14. NAME OF HUSBAND OR WIFE **Unavailable**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No Nil**

16. SOCIAL SECURITY NO. **Unknown**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Ervin Mathis-4223 DeSoto Avenue, m**

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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Coronary Occlusion**

DUE TO (c) **Coronary Sclerosis**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **H201**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:10 A m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) **Patricia E Taylor Currier 3**

23b. ADDRESS **1300 Clark**

23c. DATE SIGNED **12.11.51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **12-11-51**

24c. NAME OF CEMETERY OR CREMATORY **City**

24d. LOCATION (City, town, or county) (State) **Wardell, Missouri**

DATE RECD. BY LOCAL REG. **1951** REGISTRAR'S SIGNATURE **Paul Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Albert H. Hoppe-4700 Washington Blvd**

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

John J. Steine

Licensed Embalmer No. 4108

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.