

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3093

State File No.

FILED FEB 14 1952

BIRTH NO. 101284-52 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0937

WRITE PLAINLY—USING UNFAADING 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 <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>40 MINS</u>		d. STREET ADDRESS (If rural, give location) <u>4048 WEST BELL ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS MATERNITY HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MATTHEWS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-28-52</u>	
b. (Middle)		c. (Last)	
5. SEX <u>3</u> <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NO</u>		8. DATE OF BIRTH <u>1-27-52</u>	
9. AGE (In years last birthday)		10. UNDER 1 YEAR (Months) (Days)	
11. UNDER 1 HR. (Hours) (Min)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	
11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>GEORGE (NMN) MATTHEWS</u>		13b. MOTHER'S MAIDEN NAME <u>JANE ELIZABETH GAMBLE</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>GEORGE & JANE MATTHEWS</u>		ADDRESS <u>4048 W. BELL ST.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atelectasis - primary</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Due to unknown cause</u>			
DUE TO (c)			
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	
20. AUTOPSY? YES <input checked="" 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>762.0</u>			
22. I hereby certify that I attended the deceased from <u>1-27-52</u> , 19 <u>52</u> , to <u>1-28-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-28-</u> , 19 <u>52</u> , and that death occurred at <u>12:30 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. Bonchale MD</u>		23b. ADDRESS <u>630 S. Kings Highway</u>	
23c. DATE SIGNED <u>1/29/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-31-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 31 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland</u>		ADDRESS <u>4104 Manchester</u>	

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.....

Signed.....
Student Embalmer

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.