

STANDARD CERTIFICATE OF DEATH

State File No. **6613**  
Registrar's No. **1364**

**MAR 5 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **20 yrs.**  
c. CITY OR TOWN **St. Louis** 2119

d. FULL NAME OF HOSPITAL OR INSTITUTION **4263 Kennerly Avenue**  
d. STREET ADDRESS (If rural, give location) **4263 Kennerly Avenue**

3. NAME OF DECEASED (Type or Print) **Ellen Matthews**  
a. (First) **Ellen** b. (Middle) \_\_\_\_\_ c. (Last) **Matthews**  
4. DATE OF DEATH (Month) (Day) (Year) **2/11/52**

5. SEX **Female** 3 6. COLOR OR RACE **Negro**  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow** 2  
8. DATE OF BIRTH **12/25/67** 9. AGE (In years last birthday) **84**  
IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**  
10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
11. BIRTHPLACE (State or foreign country) **Unknown, Georgia**  
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Samuel Barron** 13b. MOTHER'S MAIDEN NAME **Mahalie Lynn** 14. NAME OF HUSBAND OR WIFE **Moses Matthews**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)  
16. SOCIAL SECURITY NO. **None**  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Fannie Matthews, 4263 Kennerly Avenue**

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) **= myocardial infarction**  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
ANTECEDENT CAUSES  
DUE TO (b) **Hypertension**  
DUE TO (c) \_\_\_\_\_  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
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  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) (Min.) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **H2O1**

22. I hereby certify that I attended the deceased from **Jan 15, 1952**, to **2/11, 1952**, that I last saw the deceased alive on **2/11, 1952**, and that death occurred at **7:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Walter A. Young, M.D.** (Degree or title) 23b. ADDRESS **2337 Market Street** 23c. DATE SIGNED **2/12/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **2/15/52** 24c. NAME OF CEMETERY OR CREMATORY **Oak Dale Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Co., Missouri**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **Feb 13 1952** **Charles Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Chas. J. Gatas, 4107 Finney Avenue**

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

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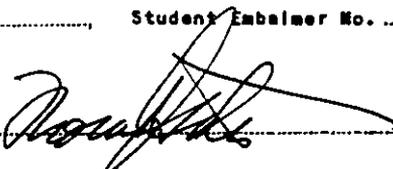
STATEMENT BY LICENSED EMBALMER

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. 4259 \_\_\_\_\_

P. O. Address 4107 Finney Avenue \_\_\_\_\_

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.