

STANDARD CERTIFICATE OF DEATH
 THE DIVISION OF HEALTH OF MISSOURI

State File No. **11005**

S. No. 300
v. 10.46

FILED MAR 19 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3064** Registrar's No. **174**

40099

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

1. PLACE OF DEATH a. COUNTY St Louis b. CITY OR TOWN BRUNSON d. FULL NAME OF HOSPITAL OR INSTITUTION 211 No. HARVEY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Louis c. CITY OR TOWN HEATHURG, Mo. d. STREET ADDRESS 1	
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3. NAME OF DECEASED a. (First) Raymond b. (Middle) Harold c. (Last) MATHEWS			4. DATE OF DEATH (Month) (Day) (Year) JAN 21 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED SINGLE	8. DATE OF BIRTH Oct. 25 1910	9. AGE (In years last birthday) 41	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Fireman
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Fireman		10b. KIND OF BUSINESS OR INDUSTRY City of Brunson		11. BIRTHPLACE (State or foreign country) St Louis, Mo.	

13a. FATHER'S NAME OSCAR H. MATHEWS	13b. MOTHER'S MAIDEN NAME Jessie Johnson	14. NAME OF HUSBAND OR WIFE Single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 492-07-4161	17. INFORMANT'S SIGNATURE OR NAME Mrs. Oscar H. Mathews
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial Asthma DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH YES <input type="checkbox"/> NO <input type="checkbox"/>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 241X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 7 1952 to Jan 21 1952, that I last saw the deceased alive on 1/18, 1952, and that death occurred at 8:30 m., from the causes and on the date stated above.

23a. SIGNATURE Otto C. Hansen (Degree or title)	23b. ADDRESS MA 03012 Lafayette	23c. DATE SIGNED 1/21/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-24-52	24c. NAME OF CEMETERY OR CREMATORY Heathurg Cemetery	24d. LOCATION (City, town, or county) (State) Heathurg, Mo.
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DATE REC'D BY LOCAL REG. 1-22-52	REGISTRAR'S SIGNATURE Herbert R. Donker, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Hank
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18th to 1st PM

A. W. Hansen
3012 - Long Beach
Rt. 3978

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 L. M. White

Licensed Embalmer No. 2973

P. O. Address Ferguson, 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.