

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3478

FILED FEB 11 1953

State File No.

318

1003

Registrar's No. 1117

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|--|-------------------------------|--|---|---|---|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | State File No. _____ | | Registrar's No. 1117 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> | | | c. LENGTH OF STAY (in this place) _____ | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston - 4301</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. City Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>6315th Audery</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> | | | b. (Middle) <u>W.</u> | | c. (Last) <u>MATTHEWS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1-28-53</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Aug 24-1888</u> | | 9. AGE (In years last birthday) <u>64</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 12 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>INSURANCE</u> | | 11. BIRTHPLACE (State or foreign country) <u>Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>Wm. MATTHEWS</u> | | | 13b. MOTHER'S MAIDEN NAME <u>ANNA NAPIER</u> | | | 14. NAME OF HUSBAND OR WIFE <u>JORNE MATTHEWS</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>UNK.</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Jorne Matthews</u> ADDRESS <u>6315th Audery</u> | | | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES DUE TO (b) <u>Ruptured Esophagus</u> DUE TO (c) <u>Varic. Cirrhosis of Liver</u> 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 <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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ <u>5810</u> | | | | | |
| 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 <u>2401st</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 22a. SIGNATURE <u>Garrick E. Taylor</u> (Degree or title) <u>CORONER</u> | | | | 22b. ADDRESS <u>1300 Clark</u> | | | 22c. DATE SIGNED <u>1-30-53</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1-31-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>New PICKETS</u> | | 24d. LOCATION (City, town, or county) (State) <u>St Louis - Mo.</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>JAN 30 1953</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> | | | FUNERAL DIRECTOR'S SIGNATURE <u>ROWLAND - FREE - 4709</u> ADDRESS <u>Manassas</u> | | | | |

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. 4366

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.