

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 7772  
Registrar's No. 1731

FILED MAR 11 1953

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

BIRTH NO.

## 1. PLACE OF DEATH

a. COUNTY

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

c. LENGTH OF STAY (In this place)

## 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. Louis2219d. FULL NAME OF HOSPITAL OR INSTITUTION  
Homer G Phillips Hospitald. STREET ADDRESS (If rural, give location)  
2243 Jackson St.3. NAME OF DECEASED  
(Type or Print)

a. (First)

Lillian

b. (Middle)

c. (Last)

Mathews

## 4. DATE OF DEATH

(Month) (Day) (Year)

Feb. 9 1953

## 5. SEX

F 3

## 6. COLOR OR RACE

Negro

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widow

## 8. DATE OF BIRTH

4-18-1891

## 9. AGE (In years last birthday)

IF UNDER 1 YEAR

Months

Days

## IF UNDER 1 YEAR

Hours

Min.

61

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City, State or Foreign Country)

Baton Rouge La

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Washington Mathews

## 13b. MOTHER'S MAIDEN NAME

Rose Gray

## 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

## 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS

Samuel Mathews Jackson

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

## MEDICAL CERTIFICATION

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

Acute Purulent Meningitis (Etiology not determined)

## INTERVAL BETWEEN ONSET AND DEATH

Undet.

## ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c) Hypertension due to Arteriolar Nephrosclerosis

## 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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 

## 21f. HOW DID INJURY OCCUR?

446X22. I hereby certify that I attended the deceased from 2-4 <sup>1953</sup> to 2-9 <sup>1953</sup>, that I last saw the deceased alive on 2-9 <sup>1953</sup> and that death occurred at 7:15a m., from the causes and on the date stated above.

## 23a. SIGNATURE

Charles P. Fardel

(Degree or title)

M. D.

## 23b. ADDRESS

2601 N. Whittier

## 23c. DATE SIGNED

2-9-53

## 24a. BURIAL, CREMATION, REBIVAL (Specify)

Burial

## 24b. DATE

2-14-53

## 24c. NAME OF CEMETERY OR CREMATORY

Washington Park

## 24d. LOCATION (City, town, or county)

St. Louis MO

(State)

7700DATE REC'D BY LOCAL REG.  
FEB 13 1953

## REGISTRAR'S SIGNATURE

J. Charles Smith

## 25. FUNERAL DIRECTOR'S SIGNATURE

Madeline Harty

## ADDRESS

2812 Thomas

(Licensed Embalmer's Statement on Reverse Side)

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 Theodore Spandell

Licensed Embalmer No. 4243

P. O. Address 130 Eldridge

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.