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

FILED AUG 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30227

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7185

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): SAINT LOUIS
c. LENGTH OF STAY (In this place): 3 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS CHILDREN'S

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: 2119
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SAINT LOUIS 0
d. STREET ADDRESS (If rural, give location): 3726 Cook - Apt. D

3. NAME OF DECEASED (Type or Print)
a. (First): MARK
b. (Middle): N.MN.
c. (Last): MATTHEWS

4. DATE OF DEATH (Month) (Day) (Year): 7 22 53

5. SEX: MALE 2

6. COLOR OR RACE: NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE 0

8. DATE OF BIRTH: 11-2-46

9. AGE (In years last birthday): 6 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): SAINT LOUIS MO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: —

13b. MOTHER'S MAIDEN NAME: LEONE JOYCE MATTHEWS

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): | (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME: J. Egan
ADDRESS: 500 So Kingshighway

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): Neuroblastoma — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

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

DUE TO (b):

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 ☐ 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): 193X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

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

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-26, 1953, *to* 7-22, 1953, *that I last saw the deceased alive on* 7-22, 1953 *and that death occurred at* 4:05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr L. Thurston M.D.

23b. ADDRESS: 500 So. Kingshighway

23c. DATE SIGNED: 7/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: July 25,1953

24c. NAME OF CEMETERY OR CREMATORY: St. Peter's

24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: JUL 23 1953

REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
MJB

25. FUNERAL DIRECTOR'S SIGNATURE: J. H. Randle & Son
ADDRESS: 3133 Bell Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 S J Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Shoreham

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.