

STANDARD CERTIFICATE OF DEATH

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

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1922 Cora		e. STREET ADDRESS (If rural, give location) 11 1922 Cora 21190	
3. NAME OF DECEASED (Type or Print) a. (First) Curtis b. (Middle) _____ c. (Last) Matthews		4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1954	
5. SEX M	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 29, 1904
9. AGE (In years last birthday) 50		10. MONTHS 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Hofferson Hotel	
11. BIRTHPLACE (City and State or Foreign Country) Centerville, Tennessee		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Robert Matthews		13b. MOTHER'S MAIDEN NAME Jennie Ross	
14. NAME OF HUSBAND OR WIFE Emma Matthews		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mary Wilkinson	
18. ADDRESS 1922 Cora		19. ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) metastatic		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of cervical lymph glands, NOS.		INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity 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 1981		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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? _____	

22. I, hereby certify that I attended the deceased from **3-2**, 19**54**, to **9-9-54**, 19**54**, that I last saw the deceased alive on **9-5-54**, 19**54**, and that death occurred at **8:30** a.m., from the causes and on the date stated above.

23a. SIGNATURE Edna Moore MD		(Degree or title) _____		23b. ADDRESS 450 1st Center	
23c. DATE SIGNED 9/10/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 13, 1954	
24c. NAME OF CEMETERY OR CREMATORY Oakdale		24d. LOCATION (City, town, or county) (State) Lemay, Mo.		DATE REC'D BY LOCAL REG. SEP 11 1954	
REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE C. B. Hoover		ADDRESS 1221 N. Grand	

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

87

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.....
Signature of Student Embalmer

Signed *Malvin Blackman*

Licensed Embalmer No. *396*

P. O. Address *122 1st St*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.