

FILED NOV 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38610

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9889

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis		c. LENGTH OF STAY (in this place) township)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6825 Wanda Ave.		e. STREET ADDRESS 2 6825 Wanda Ave.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) WALTER		b. (Middle) N.		c. (Last) MATTHEWS	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 11 1955		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 18, 1883		9. AGE (In years last birthday) 72 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) Clerk (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Terminal R. R. Co.		11. BIRTHPLACE (City and State or Foreign Country) Allenton, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Matthews		13b. MOTHER'S MAIDEN NAME Annie Napier	
14. NAME OF HUSBAND OR WIFE Katherine R. Matthews		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Katherine R. Matthews		ADDRESS 6825 Wanda Av.			
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) <u>arteriosclerosis</u> <u>700 haly</u> ANTECEDENT CAUSES DUE TO (b) <u>Sacchy</u> DUE TO (c) <u>no</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 450.0		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>heart</u>		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 <u>11/10</u> , 19 <u>55</u> , to <u>11/11</u> , 19 <u>55</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:00A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>D. C. ...</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4140 Forest Park Blvd</u>	
23c. DATE SIGNED <u>11/12/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Mtr)</u>		24b. DATE <u>Nov. 14, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Chaffee, Mo.</u>			
DATE REC'D BY LOCAL REG <u>NOV 14 1955</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
		ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed *Richard W. Storvick*.....

Licensed Embalmer No. *40*.....

P. O. Address .....

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.

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