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SL 13444

FILED MAY - 8 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

STATE FILE NUMBER

15030

4092

Registration District No.

Primary Registration District No.

Registrar's No.

Health,  
& Welfare  
Public  
Service

S. 300  
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission)<br>a. STATE <b>ILLINOIS</b> b. COUNTY <b>ST. CLAIR</b>                      |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>915 N. GRAND, ST. LOUIS, MO.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | c. CITY OR TOWN <b>E. ST. LOUIS</b> <sup>81208</sup> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                             |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VET. ADM. HOSPITAL</b> Length of stay in lb <b>5 days</b>  |  | d. STREET ADDRESS (If outside, give location) <b>32 ADDRESS 343 E. BROADWAY</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print) First <b>RAY</b> Middle Last <b>MATHES</b>  |  |  | 4. DATE OF DEATH Month <b>APRIL</b> Day <b>28</b> Year <b>1957</b>                                 |
| 5. SEX <b>MALE</b>  | 6. COLOR OR RACE <b>WHITE</b>  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>           | 8. DATE OF BIRTH <b>4/10/25</b>  |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MAINTENANCE</b>   |  | 9b. KIND OF BUSINESS OR INDUSTRY   | 9c. AGE (In years last birthday) <b>32</b> 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) <b>MAINTENANCE</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country) <b>ERWIN, TENNESSEE</b>                                 |
| 13. FATHER'S NAME <b>LAWRENCE MATHES</b>  |  | 14. MOTHER'S MAIDEN NAME <b>BELLE GARLAND</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give year or dates of service) <b>PEACE TIME</b>   |  | 16. SOCIAL SECURITY NO. <b>359-30-3074</b>   | 17. INFORMANT Address <b>VA HOSP. RECORDS, ST. LOUIS, MO.</b>                                      |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>1. Hemopericardium; 2. Lobar Pneumonia; suffered following injuries, when car on which deceased was working fell from jack, in yard in the rear of 5700 Missouri Ave. East St. Louis, Illinois, on or about Feb. 25th, 1957.</b> |  |  | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)  |  |  | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>     |
| PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>E910022</b>  |  |  |  |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Car fell on patient while he was under it.</b> |  |  |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. <b>5 wks. ago.</b>  |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>in or about home</b>                              | 20f. CITY, TOWN, OR LOCATION <b>E. St. Louis</b>   | COUNTY <b>St. Clair</b> STATE <b>Illinois</b>  |
| 21. I attended the deceased from <b>4/23/57</b> to <b>4/28/57</b> and last saw <b>him</b> alive on <b>4/28/57</b> . Death occurred at <b>3:45 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.   |  |  |  |
| 22a. SIGNATURE <b>George B. Clark</b> (Degree or title)   | 22b. ADDRESS <b>300 Clark</b>  | 22c. DATE SIGNED <b>4/29/57</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>  | 23b. DATE <b>4-30-57</b>   | 23c. NAME OF CEMETERY OR CREMATORY <b>Johnson City, Tennessee</b>  | 23d. LOCATION (City, town, or county) (State) <b>Johnson City, Tennessee</b>                       |
| 24. FUNERAL DIRECTOR ADDRESS <b>Edward Fendler 5611 S. Grand</b>  |  | 25. DATE RECD. BY LOCAL REG. <b>APR 29 '57</b>   | 26. REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>  |

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VIA AIR MAIL  
JUL 15 1957

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH  
BUREAU OF PUBLIC HEALTH  
MEMPHIS, TENNESSEE

JUL 15 1957

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH  
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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 \_\_\_\_\_ Signed *Harry J. Schumacher*  
Signature of Student Embalmer

Licensed Embalmer No. 26

P. O. Address 5611 S. 4th

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.