

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46606

State File No.

FILED JAN 13 1958

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 541 Registrar's No. 3929

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>D O A</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>834 Lemayve. 4870</u>	
		d. STREET ADDRESS (If rural, give location) <u>9834 Linn ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>M.</u> c. (Last) <u>Mathas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 29, 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED/WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 7 1933</u>	9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>American National Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Liberty, Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John R. Mathas</u>	13b. MOTHER'S MAIDEN NAME <u>Gertrude</u>	14. NAME OF HUSBAND OR WIFE <u>Mickey</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-36-9985</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mickey Mathas 9834 Linn ave.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Stenosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Myocarditis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>410X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from Aug 6, 1957, to Feb 29, 1957, that I last saw the deceased alive on Feb 13, 1957, and that death occurred at 8 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. J. Daliobury</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>3548 Sidney St</u>	23c. DATE SIGNED <u>12/31/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 2, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>2000 Lemay Ferry Road Lemay, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-31-57</u>	REGISTRAR'S SIGNATURE <u>Hubert S. Dando M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister Mortuaries 7814 S. Broadway</u>
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(Licensed Embalmer's Signature on Reverse Side)

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

No. 500
10 48

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 Leiner C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.