

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016170
STATE FILE NUMBER

FILED MAY 8 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4676**

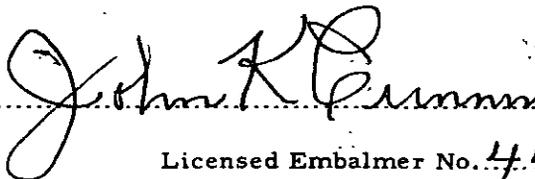
| | | | | | |
|---|-------------------------------|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis</i> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <i>St Louis</i> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St Ann's Home (Phillips)</i> | | | Length of stay in lb | d. STREET ADDRESS (If outside give location) <i>516 N Garrison</i> | |
| 3. NAME OF DECEASED (Type or print) <i>Esare Sarrell Matthews</i> | | | 4. DATE OF DEATH Month <i>4</i> Day <i>29</i> Year <i>58</i> | | |
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>Negro</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>July 25, 1923</i> | | 9. AGE (In years last birthday) <i>34</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, each if retired) <i>Housewife</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i> | | 11. BIRTHPLACE (City and state and country) <i>Missouri</i> | |
| 13. FATHER'S NAME <i>John Reed Sarrell</i> | | | 14. MOTHER'S MAIDEN NAME <i>Mary Hall</i> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i> | | 16. SOCIAL SECURITY NO. <i>no</i> | | 17. INFORMANT <i>Bennie Matthews 516 N. Garrison</i> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Decaying Bronchial Pneumonia</i> | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | <i>491X</i> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input 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.) | | | |
| 20c. TIME OF INJURY Hour <i></i> Month, Day, Year <i></i> a. m. <i></i> p. m. <i></i> | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <i>1109 P</i> to <i></i> and last saw her/him alive on <i></i> . Death occurred at <i>1109 P</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <i>Salvatore E. Zylch 3</i> | | | 22b. ADDRESS <i>1300 Clark</i> | | 22c. DATE SIGNED <i>4/29/58</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i> | | 23b. DATE <i>3 May 1958</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Carroll</i> | | 23d. LOCATION (City, town, or county) (State) <i>Miss.</i> |
| 24. FUNERAL DIRECTOR <i>Reliable Funeral Sys. 1389 N. Union</i> | | | 25. DATE RECD. BY LOCAL REG. <i>APR 30 58</i> | | 26. REGISTRAR'S SIGNATURE <i>Carl Smith</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 44

P. O. Address 9405 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.