

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027227

STATE FILE NUMBER

7282

FILED AUG 11 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY ST. LUKE'S HOSPITAL		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY 	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS MO. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS (6) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL Length of stay in 1b 226		d. STREET ADDRESS (If outside, give location) 1624 N. 18TH ST. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) HUGHIE EUGENE MATTHEWS First Middle Last		4. DATE OF DEATH 7/23/58 Month Day Year	
5. SEX MALE <input checked="" type="checkbox"/> WMXXR	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8/1/13
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUS DRIVER		9b. KIND OF BUSINESS OR INDUSTRY HOLCOMB, MO.	9c. AGE (In years last birthday) 44 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10. BIRTHPLACE (City and state or country) HOLCOMB, MO.		11. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME THOMAS MATTHEWS		14. MOTHER'S MAIDEN NAME JANE STALINS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT OPAL MATTHEWS, 1624 N. 18TH ST. Address			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Ventricular Fibrillation		INTERVAL BETWEEN ONSET AND DEATH Seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Acute Cardiac Dilatation		3 mos.
DUE TO (c) Myocarditis (Suspected)		434.4 3 mos.
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 Month, Day, Year a. m. p. m.		
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 7/11/58 to 7/23/58 and last saw her alive on 7/23/58 Death occurred at 9:35 am m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Miles C. Whitener MD (Degree or title)	22b. ADDRESS 5535 Delmar, St. Louis	22c. DATE SIGNED 7/23/58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 7/23/58	23c. NAME OF CEMETERY OR CREMATORY LOCAL
23d. LOCATION (City, town, or county) CAMPBELL, MO. (State)		

24. FUNERAL DIRECTOR ALBERT H. HOPPE, 4700 WASHINGTON BLVD. ADDRESS	25. DATE RECD. BY LOCAL REG. JUL 24 '58	26. REGISTRAR'S SIGNATURE Carl Smith MD
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

300 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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 1 1958

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..... Elmer H. Sadwin

Licensed Embalmer No. 40

P. O. Address St. Louis

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.