

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046031

STATE FILE NUMBER
12587

FILED JAN 12 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		a. STATE Mo. b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) 27 HOSPITAL OR INSTITUTION Thomas W. Phillips		d. STREET ADDRESS (If outside, give location) 2119 2411 st Coleman	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Florence Matthews			4. DATE OF DEATH Month Day Year 12-27-58		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 27, 1927		
9. AGE (In years last birthday) 31		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) Nurse		10b. KIND OF BUSINESS OR INDUSTRY Nurse		11. BIRTHPLACE (City and state or country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME George Davis		13b. MOTHER'S MAIDEN NAME Caroline Jenkins	
13c. NAME OF HUSBAND OR WIFE Kenneth Matthews		14. SOCIAL SECURITY NO. -		15. INFORMANT Kenneth Matthews, 2411 st Coleman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT 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) *Thrombosis pericardium (traumatic)*

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) *suffered when car operated by one, Kenneth Matthews in which deceased was a passenger*
DUE TO (c) *called to take home car with car operated by one, Marshall Richardson at intersection of Academy and Maple, about 10:55 p.m., December 26, 1958.*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE OR CONDITION GIVEN IN PART I (a)
WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. TIME OF INJURY 10:55 p.m. 12/26/58		20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2411 st Coleman		20d. CITY, TOWN, OR LOCATION St. Louis Mo		20e. COUNTY Mo		20f. STATE	
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at 245 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Selmer E. Imbler	(Degree or title) 3	22b. ADDRESS 1300 _____	22c. DATE SIGNED 12/29/58
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 1-2-1959	23c. NAME OF CEMETERY OR CREMATORY National Cemeteries	23d. LOCATION (City, town, or county) (State) Jefferson Park Mo
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24. FUNERAL DIRECTOR A. H. Burko, 3506 Franklin	25. DATE RECD. BY LOCAL REG. DEC 29 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Leroy W. Sannist*

Licensed Embalmer No. *4523*
P. O. Address *4251 N. ...*

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.