

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007955
STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 538

1. PLACE OF DEATH a. COUNTY St. Louis Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wellston Mo.		c. CITY OR TOWN Wellston 4301	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) 6161 Bertha Ave.	

3. NAME OF DECEASED (Type or print) First Middle Last Walter Lee Matheny			4. DATE OF DEATH Month Day Year Feb. 22nd 1959		
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5. SEX Male 2	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 6/9/1901	9. AGE (In years at birthday) 57	IF UNDER 1 YEAR Months 8 Days 13	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Meridan Miss.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Albert Matheny	13b. MOTHER'S MAIDEN NAME Frances McKenzie	14. NAME OF HUSBAND OR WIFE Bernetta
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT Address Bernetta Matheny 6161 Bertha
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 12 hrs 5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertension	
	DUE TO (c)	
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 type="checkbox"/> NO <input checked="" 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.)
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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
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21. I attended the deceased from May 1 1953, to Feb 7-59 and last saw him alive on Feb 7-1959 Death occurred at St Louis County Hospital on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE W.H. Shockeeford MD (degree or title)	22b. ADDRESS 3903 Olive St.	22c. DATE SIGNED 2/24/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/28/59	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) (State) W St. Louis Co. Mo.
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24. FUNERAL DIRECTOR Charles J. Gates 4107 Finney	25. DATE RECD. BY LOCAL REG. 2-26-59	26. REGISTRAR'S SIGNATURE John E. Murphy M.D.
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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 *Guylor Swan*
Licensed Embalmer No. *4580*

P. O. Address *4107 Fenway*

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.