

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011775

FILED APR 14 1959

Registration District No. 317 Primary Registration District No. 590 STATE FILE NUMBER 59-011775 REGISTRAR'S No. 915

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1. PLACE OF DEATH a. COUNTY St. Louis.		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 Pine Lawn, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pine Lawn 4150
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6419 Pasadena		Length of stay in lb 30 Yrs.	d. STREET ADDRESS (If outside, give location) 6419 Pasadena
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Mary	Middle E.	Last Matthews	Month April	Day 2,	Year 1959

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 30, 1874	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Wayne County, Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Higginbotham	13b. MOTHER'S MAIDEN NAME Nancy Grasham	14. NAME OF HUSBAND OR WIFE Edward Matthews
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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) No.	16. SOCIAL SECURITY NO. Nil.	17. INFORMANT Ethel Wilson, 6419 Pasadena, Ave.	Address
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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:		Pine Lawn, Mo.	INTERVAL BETWEEN ONSET AND DEATH 30 M
IMMEDIATE CAUSE (a) Cerebral Apoplexy			
DUE TO (b) Left Hemiplegia			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (c) Arteriosclerosis, General	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Melanoma			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 a.m. Month, Day, Year 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 3-22-59 to 4-2-59 and last saw ^{her} _{him} alive on 4-1-59 Death occurred at 8:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Nicholas J. Stale, M.D. (Degree or title)	22b. ADDRESS 7130 National Bridge Rd	22c. DATE SIGNED 4/2/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-4-59	23c. NAME OF CEMETERY OR CREMATORY Moore Cemetery	23d. LOCATION (City, town, or county) (State) Moselle, Missouri.
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24. FUNERAL DIRECTOR Albert H. Hoppe ADDRESS 4700 Washington, Blvd.	25. DATE RECD. BY LOCAL REG. 4-3-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Lawrence P. Giesler*

Licensed Embalmer No. *497*
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.