IRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-024753

STATE FILE NUMBER

ILED VS JUN 29 1960

NDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5530

1. PLACE OF DEATH
a. COUNTY

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 St. Louis — Length of stay in 1b ———

c. CITY OR TOWN Arbor Terrace, — Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Faith Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 6808 Fairchild Ave., 20, — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JEANETTE Middle Last MATHIAS

4. DATE OF DEATH Month May Day 27th Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 8-11-95

9. AGE (last birthday) 64

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (City and state or country) Columbia, Pennsylvania

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Henry Gerfen

13b. MOTHER'S MAIDEN NAME Emma Schlotthauer

14. NAME OF HUSBAND OR WIFE Late David J. Mathias

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT John Hartman, Address 6808 Fairchild Ave., 20,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Congestive Heart Failure

DUE TO (c) 4341

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1-11-58 to 5-27-60 and last saw her alive on 5-27-60

Death occurred at 9:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Nolan P. Harris M.D. (Degree or title)

22b. ADDRESS 6826 Natural Bridge

22c. DATE SIGNED 5/27/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Rail

23b. DATE 5-29-60

23c. NAME OF CEMETERY OR CREMATORY Chestnut Hill Cemetery

23d. LOCATION (City, town, or county) (State) Chestnut Hill, Pennsylvania

24. FUNERAL DIRECTOR ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri.

25. DATE REC'D BY LOCAL REG. MAY 27 1960

26. REGISTRAR'S SIGNATURE Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John A. Mlsnar

Licensed Embalmer No. 4186

P. O. Address St. Louis

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