MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

XC-21 039 530 SL 25321 -61-015430

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3485 STATE FILE NUMBER

AMENDED FILED APR 24 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: 915 N.Grand,St.Louis, Mo. — Length of stay in 1b: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VET. ADM. HOSPITAL — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ILLINOIS b. COUNTY
c. CITY OR TOWN: E. St. Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 815 N. 2nd St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ROBERT Middle Last MATHIS
4. DATE OF DEATH: Month APRIL Day 10 Year 1961
5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 4/8/90
9. AGE (last birthday): 71
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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): ASHLAND, MISS.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: ROBERT MATHIS
13b. MOTHER'S MAIDEN NAME: ANNA BROWN
14. NAME OF HUSBAND OR WIFE: BERTHA MATHIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-1
16. SOCIAL SECURITY NO.:
17. INFORMANT: Bertha Mathis (Wife), 815 N.2nd St., E. St. Louis, Ill.

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): PROBABLE CEREBRAL THROMBOSIS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): CEREBRAL ARTERIOSCLEROSIS
DUE TO (c): 332x
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): POST OPERATIVE STATUS, HERNIORRHAPLY
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 [ ] VA
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 4/5/61, to 4/10/61 and last saw him alive on 4/10/61
Death occurred at 5:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert H. Farley (Degree or title): M.D.
22b. ADDRESS: VAH, ST. LOUIS, MO.
22c. DATE SIGNED: 4/10/61
ROBERT H. FARLEY
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-12-61
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Missouri
24. FUNERAL DIRECTOR: Nash Funeral Home ADDRESS: 111 N. 13th
25. DATE RECD. BY LOCAL REG.: APR 12 1961
26. REGISTRAR'S SIGNATURE: Ward Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed M. Francis Nash

Licensed Embalmer No: 4434

P. O. Address 111 N. 13th St.

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.