

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9609 STATE FILE NUMBER 038225

FILED OCT 26 1961

|   |   |   |   |   |  |  |
|---|---|---|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>1 yr.</u><br><u>Mo.</u>   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Mo.</u>   |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>St. Louis</u>   |   | Length of stay in lb<br><u>11 mo.</u>   | c. CITY OR TOWN<br><u>St. Louis</u>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>          |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><u>Chronic Hosp.</u>  |   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>3306 Delmar</u>             |  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Alberta</u> Middle <u>Matherison</u> Last <u>Aaron</u>  |   |   | 4. DATE OF DEATH<br>Month <u>10</u> Day <u>15</u> Year <u>1961</u>  |   |  |  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>Col.</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><u>6-18-1889</u>  | 9. AGE (last birthday)<br><u>72</u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housework</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (City and state or country)<br><u>Carlton, Ala.</u>              | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |  |
| 13a. FATHER'S NAME<br><u>Gale Scott</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Unk.</u>  |   | 14. NAME OF HUSBAND OR WIFE   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown)   (If yes, give war or dates of service)<br><u>No</u>  |   | 16. SOCIAL SECURITY NO.<br><u>None</u>  | 17. INFORMANT<br><u>Lavatia Graham</u> Address <u>3306 Delmar Blvd.</u>   |   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>myocardial infarction 1 day</u><br>DUE TO (b) <u>coronary arteriosclerosis 1 year</u><br>DUE TO (c) <u>General arteriosclerosis years</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).<br><u>Chronic pyelonephritis</u> |   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 day</u>                                   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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.)<br><u>+201</u>   |   |   |  |  |
| 20c. TIME OF INJURY<br>Hour <u>11:10</u> a.m. / p.m.<br>Month, Day, Year <u>June 61</u>   |   |   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>out of</u>   |   | 20f. CITY, TOWN, OR LOCATION<br><u>St. Louis</u> COUNTY <u>Co</u> STATE <u>Mo.</u> |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |   | 21. I attended the deceased from <u>June 61</u> to <u>Oct 61</u> and last saw <u>her</u> alive on <u>12 Oct</u><br>Death occurred at <u>11:10 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |
| 22a. SIGNATURE<br><u>Harry Matherison M.D.</u> (Degree or title)  |   |   | 22b. ADDRESS<br><u>Chronic Hospital</u>   |   | 22c. DATE SIGNED<br><u>16 Oct 61</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   | 23b. DATE<br><u>10-19-1961</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Washington Park</u>  |   | 23d. LOCATION (City, town, or county)<br><u>St. Louis Co</u> (State) <u>Mo.</u> |  |  |
| 24. FUNERAL DIRECTOR<br><u>J. H. RANDLE &amp; SON</u> ADDRESS <u>3133 Bell Ave.</u>   |   |   | 25. DATE RECD. BY LOCAL REG.<br><u>OCT 17 1961</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Earl Smith, M.D.</u>                            |  |  |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

**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 *Esther S. Hansen*

Licensed Embalmer No. 4458

P. O. Address 4181 Thacker

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.