

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047297

AMENDED

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3551 STATE FILE NUMBER

FILED JAN 9 1962
 1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Affton Length of stay in 1b YRS
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6419 Raywood Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY St. Louis
 c. CITY OR TOWN Affton Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 6419 Raywood Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
CHARLES MATTHEWS December 14 1961

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3/12/1875 9. AGE (last birthday) 86 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) foreman 10b. KIND OF BUSINESS OR INDUSTRY brick co. 11. BIRTHPLACE (City and state or country) Alenton, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Harry Matthews 13b. MOTHER'S MAIDEN NAME Victoria Boswell 14. NAME OF HUSBAND OR WIFE Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Address Mathilda Hickman 6419 Raywood

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 10 yrs.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS 20 yrs.
 DUE TO (c) _____

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 1956 to Dec 14, 1961 and last saw ^{her}him alive on Dec. 13, 1961
 Death occurred at 2:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Johna Carrier, MD 22b. ADDRESS 4401 Haddon - St Louis - 9, MO 22c. DATE SIGNED 12-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12/16/1961 23c. NAME OF CEMETERY OR CREMATORY New St. arcus Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS John L. Ziegenhein & Sons 7027 Gravois 25. DATE RECD. BY LOCAL REG. 12-14-61 26. REGISTRAR'S SIGNATURE John G. Murphy MD

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 E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Graven

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.