

Registration District No. **791**Primary Registration District No. **1003**Registrar's No. **5877**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 Days
 (Specify whether
 In this community 15 yrs.
 years, months or days)

3. (a) PRINT
FULL NAMEJoseph Mathies 32A3. (b) If veteran,
name war None3. (c) Social Security
No. 500-18-3704. Sex Male5. Color or
race White6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Anna6. (c) Age of husband or wife if
alive 50 years7. Birth date of deceased
(Month) (Day) (Year)
September 13 18988. AGE: Years Months Days If less than one day
47 9 27 hr. min.9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Laborer11. Industry or business Mt. Sinai Cemetery12. Name Joe Mathies18. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)14. Maiden name Minnie Beck16. Birthplace Columbia, Illinois
(City, town, or county) (State or foreign country)16. (a) Informant Anna Mathies(b) Address 5615 Michigan ave.17. (a) Burial (b) Date thereof July 13, 40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Lucas Cemetery18. (a) Signature of funeral director C. Hoffmeister N. & Co.(b) Address 7814 S. Broadway19. (a) JUL 12 1940 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limit, write "RURAL") 15
 (d) Street No. 5615 Michigan ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10,
year 1940 hour 8:10 minute _____ P. M.21. I hereby certify that I attended the deceased from June
20, 1940 to July 10, 1940;
that I last saw him alive on July 10, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death

Lung, Carcinoma
metastasis to vertebrae

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations Laminectomy 7-10-40Of autopsy Carcinoma of lung c.
metastasis.

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
_____While at work? _____
(Specify type of place) (e) Means of injury _____23. Signature L. V. Mulligan (M. D. or other)Address 1515 Lafayette Date signed 7/11/40

0012-81-003

CP
60

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed: *Linus C Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broad*

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 this body is not embalmed, above space should be left blank.