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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33851

State File No.

8548

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(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: **St. Louis City Hospital #1,**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **13 Days**
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County _____
(c) City or town **Saint Louis,**
(If outside city or town limits, write "RURAL") **24**
(d) Street No. **3644 Iowa Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **15,**
year **1940** hour **3:30** minute **P.** M.
21. I hereby certify that I attended the deceased from **October**
2, 19 **40** to **October 15,** 19 **40;**
that I last saw him alive on **October 15,** 19 **40.**
and that death occurred on the date and hour stated above.

Immediate cause of death
Suppurative Nephritis
Due to _____
Due to _____
Other conditions **Structure of Urterer**
(Include pregnancy within 3 months of death) **Syphilitic Aortitis**
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **James Mathews Jr.**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary Mathews** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **January 21st,** 1874
(Month) (Day) (Year)

8. AGE: Years **66** Months **8** Days **24** If less than one day hr. _____ min. _____

9. Birthplace **Saint Louis, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Horse-Shoer**

11. Industry or business _____

12. Name **James E. Mathews Sr.**

13. Birthplace **Unknown Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Conley**

15. Birthplace **Unknown Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Mathews**
(b) Address **3644 Iowa Ave.**

17. (a) **Burial** (b) Date thereof **Oct. 17th, 40.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Ziegenbein Bros.**
(b) Address **2527 Cherokee Street.**

19. (a) **OCT 16 1940** (b) **J.F. [Signature]**
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
23. Signature **William A. [Signature]** (M. D. or other)
Address **1515 Lafayette Ave.** Date signed **10/15/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

NOV 16 1940

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.