

U. S. No. 2  
DM-9-4-41  
5-17-39  
I X-3484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4521

State File No.

FILED MAR 20 1943 818

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1847

1. PLACE OF DEATH:

(a) County ST LOUIS  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ENTRANTE TO HEMER PHILLIPS  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 1 yr. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County \_\_\_\_\_  
(c) City or town ST LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2115 1/2 CHESTNUT ST  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rhudoiph Mathews

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race col 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nancy Mathews 6. (c) Age of husband or wife if alive 37 years  
7. Birth date of deceased Jan 10th 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 1 10 hr. min.

9. Birthplace ? (City, town, or county) ARK. 1 (State or foreign country)

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

12. Name UNKNOWN

13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

16. (a) Informant Nancy Mathews

(b) Address 416 South 23rd St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Ellis Fux Home

(b) Address 2820 Stoddard St

19. (a) FEB 24 1943 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 20th, year 1943, hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia primary

Due to \_\_\_\_\_  
Due to 105

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 3

23. Signature Ellis Fux Home (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 2/24/43

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

MOTHER FATHER

9

**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 J. Bayne

....., Registered Apprentice No. my  
working under my personal supervision.

Signed James Bayne

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

**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, fact should be so stated above.