S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22285

FILED JUL 20 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5838

1. PLACE OF DEATH:

(a) County Stv Louis

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2217 Thurman Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 12yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 17 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2217 Thurman Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Major Mathis

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Rosia B Mathis

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased 12 - 29 - 1896
(Month) (Day) (Year)

8. AGE: 48 Years ~~49~~ Months 5 ~~6~~ Days 29 ~~28~~ If less than one day ..... hr. ..... min.

9. Birthplace Alamo (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation Janitor

11. Industry or business .....

FATHER
12. Name Clayton Mathis
13. Birthplace ? (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Cora Pickens
15. Birthplace ? (City, town, or county) Tenn 1 (State or foreign country)

16. (a) Informant Rosia B Mathis
(b) Address 2217 Thurman Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park em,

18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 Stoddard St

19. (a) JUL 6 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28 year 1945 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr 15, 1945 to June 28, 1945 that I last saw him alive on June 28, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Hyperlusion Cardio Vascular Disease — Duration 7

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy No

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other) 7/4/45

Address [signature] Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 L Boyh

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

Signed Lonnie Boyhin

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.