

FILED JUL 5 1952

STANDARD CERTIFICATE OF DEATH

State File No. 23023

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 1791

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Town Webster Groves		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves	
c. LENGTH OF STAY (in this place) 16-YRS		d. CITY (If outside corporate limits, write RURAL and give township) Webster Groves	
d. FULL NAME OF HOSPITAL OR INSTITUTION II Hardith Hill Ct.		e. STREET ADDRESS (If rural, give location) II Hardith Hill Ct.	

3. NAME OF DECEASED (Type or Print) WARD LENNOX MATHEWS		4. DATE OF DEATH (Month) (Day) (Year) 6*28--1952	
5. SEX Male		6. COLOR OR RACE White	

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 12 1896	
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager	

10b. KIND OF BUSINESS OR INDUSTRY Chase Brase & Cop.		11. BIRTHPLACE (State or foreign country) Ashocan N. Y.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Ward Mathews	

13b. MOTHER'S MAIDEN NAME Laura Lennox		14. NAME OF HUSBAND OR WIFE Blanch Mathews	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 489*07-5373	

17. INFORMANT'S SIGNATURE OR NAME Blanche Mathews Webster Groves Mo.		ADDRESS Webster Groves	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma descending Colon		INTERVAL BETWEEN ONSET AND DEATH 12 mo	
ANTECEDENT CAUSES		DUE TO (b) General Metastases	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X	

19a. DATE OF OPERATION May 1950		19b. MAJOR FINDINGS OF OPERATION Carcinoma tumor. Colectomy.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	

21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **June 27, 1952**, to **June 28, 1952**, that I last saw the deceased alive on **June 27, 1952**, and that death occurred at **10:15 a.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Stebbins M.D.		23b. ADDRESS Webster Groves Mo.	
23c. DATE SIGNED 6-30-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	

24b. DATE July 1-1952		24c. NAME OF CEMETERY OR CREMATORY Bellefontain Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Herbert A. Donke	

DATE REC'D BY LOCAL REG. 6-30-52		REGISTRAR'S SIGNATURE Herbert A. Donke	
25. FUNERAL DIRECTOR'S SIGNATURE Herbert A. Donke		ADDRESS Webster Groves Mo.	

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

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
Student Embalmer

Signed G. G. Aldrich

Licensed Embalmer No. 1332

P. O. Address Delbert Avenue

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.