FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29760
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7314

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital — Length of stay in 1b 29 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 6115 Ouida — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First MARGARET Middle Last MATHEWS
4. DATE OF DEATH Month Aug. Day 4 Year 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Dec. 23, 1879
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Homemaker
11. BIRTHPLACE (City and state or country) St. Louis
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Aug. Schoenherr
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Joseph A. Mathews
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT David Mathews Address 6115 Ouida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia, bilateral & gangrene, left leg, post operative exploratory laparotomy
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Abdominal carcinomatosis, primary ovary
DUE TO (c) 175X
INTERVAL BETWEEN ONSET AND DEATH 6 wk +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 57, to Aug 4, 1957 and last saw her/him alive on Aug 4 1957
Death occurred at 4:10 pm Aug 14 1957 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Marvin Reinard (Degree or title) MD,
22b. ADDRESS 216 So Kings highway
22c. DATE SIGNED 8/5/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug. 7, 1957
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) St. Louis (State) Mo.

24. FUNERAL DIRECTOR Cullen & Kelly ADDRESS 7267 Natural Bridge
25. DATE RECD. BY LOCAL REG. AUG 6 '57
26. REGISTRAR'S SIGNATURE J Earl Smith MD MDB
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....
Signature of Student Embalmer

Signed James A. Lamm

Licensed Embalmer No. 4142

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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