U. S. No. 2
10M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 31 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

BF 5-85
State File No. 25580

Registration District No. 316 Primary Registration District No. 3059 Registrar's No.

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

14 2 1

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Flat River (If outside city or town limits, write "RURAL") 94-5
(d) Street No. (If rural, give location) 2
(e) Citizen of foreign country? no. (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME Thelma Eunice Mathews
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Geo.
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Apr (Month) 22nd (Day) 1912 (Year)

8. AGE: Years 32 | Months 1 | Days 23 | If less than one day hr. min.
9. Birthplace Mine La Motte Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Frank Hamm
13. Birthplace Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lizzie Kelley
15. Birthplace Mine La Motte Mo (City, town, or county) (State or foreign country)
16. (a) Informant Geo. Mathews
(b) Address Flat River Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Cemetery
18. (a) Signature of funeral director Caldwell Bros
(b) Address Flat River Mo
19. (a) 6-22-44 (Date received local registrar) (b) Thos. E. Cohen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1944 hour 5 P.M. minute 0 A.M.
21. I hereby certify that I attended the deceased from May 38, 19__, to June 15 44
that I last saw her alive on 6-14 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death: aortic & mitral regurgitation — Duration 4 yrs
Due to: hypertension severe
Due to:
Other conditions: Pyelonephrosis L
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 13 F 3

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? Means of injury
23. Signature H. O. Keele (M. D. or other)
Address Desloge Date signed 6-20-44

1373 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 744-411

Date Filed 7-28-44

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.A. Caldwell

Licensed Embalmer No. # 3317

P. O. Address Flat River

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.