

## Mary Catherine Matthers

Birth: 1921

Death: 1956

Burial: [Calvary Cemetery](#)

Erie, Erie County, Pennsylvania, USA

Created by: [Ron Wingerter](#)

Record added: May 30, 2004

Find A Grave Memorial# 8851345

# MATTHERS MARY CATHERINE Obituary dated 12/21/1956

**Mary C. Matthers**  
Miss Mary Catherine Matthers, thirty-five, language teacher for the past nine years at the Fredonia, N. Y., High school, died early today in the family home at 711 Raspberry after an illness.  
Miss Matthers had been ill for the past three weeks. She was born in Erie, attended the Villa Maria High school and was graduated in 1942 at Villa Marie college.  
She received her Master's degree at the Magill university in Montreal, Canada, and studied at the University of Paris in France for her Doctor's degree. She was vice president of the University Women's club in Fredonia.  
She is survived by her parents, Mr. and Mrs. Walter J. Matthers, and her maternal grandmother, Mrs. Fred J. Burris, all of Erie.  
Friends are invited to call from 2 p. m. to 5 p. m. and 7 p. m. to 10 p. m. Saturday and Sunday at the Quinn Funeral home, 9th and Liberty, and attend services Monday in St. Andrew's church, at a time to be announced. Interment will be in Calvary cemetery.

Calendar - December 1956

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

## CEMETERY RECORD

Mary Catherine Matthers

Birth: 1921

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Erie, Erie County, Pennsylvania, USA

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## DEATH RECORD

Name: Mary Catherine Matthers

Gender: Female

Race: White

Age: 35

Birth Date: 29 Jan 1921

Birth Place: Erie, Pennsylvania

Death Date: 21 Dec 1956

Death Place: Erie, Erie, Pennsylvania, USA

Father: Walter J Matthers

Mother: Helen Burris

Certificate Number: 107690

Search for Mary Catherine Matthers in Pennsylvania Wills & Probates collection

Source Information

Ancestry . Pennsylvania, Death Certificates, 1906-1963 [database on-line]. Provo, UT, USA: Ancestry Operations, Inc., 2014.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

107690

File No. \_\_\_\_\_

Primary Dist. No. 2511-249

Registered No. 1656

1. PLACE OF DEATH a. County <u>Erie</u>		2. USUAL RESIDENCE (where deceased lived, if institution: residence before admission) a. State <u>Pa.</u> b. County <u>Erie</u>	
b. City, Borough or Township <u>Erie</u>		c. City, Borough or Township <u>Erie</u>	
c. Length of stay in 1b. <u>Life</u>		d. Street Address or Location <u>711 Raspberry St.</u>	
d. FULL NAME (If NOT in hospital, give street address) of HOSPITAL or INSTITUTION <u>711 Raspberry St.</u>		e. Is Residence Inside Municipality Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. Is Place of Death Inside Municipality Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		f. Is Residence on a Farm? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) a. (First) <u>Mary</u> b. (Middle) <u>Catherine</u> c. (Last) <u>Matthers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-21-56</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1/29/21</u>
10. FULL NAME OF SPOUSE		9. AGE (in years last birthday) <u>35</u> if under 1 year: Months _____ Days _____ if under 24 hrs: Hours _____ Min. _____	
11. BIRTHPLACE (Also give state or foreign country) <u>Erie, Pa.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13. FATHER'S NAME <u>Walter J. Matthers</u>		14. MOTHER'S MAIDEN NAME <u>Helen Burris</u>	
15. USUAL OCCUPATION (even if retired) <u>School Teacher</u>		16. Social Security No. _____	
17. INFORMANT <u>Walter J. Matthers</u>		ADDRESS <u>711 Raspberry St</u>	

**MEDICAL CERTIFICATION**

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) & (c)]  
PART I. Death was caused by:

IMMEDIATE CAUSE (a)	<u>Metastatic carcinoma of breast</u>	INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u>
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.	DUE TO (b) <u>Adeno carcinoma of breast</u>	<u>6 mos.</u>
	DUE TO (c) _____	<u>170X</u>

PART II. OTHER SIGNIFICANT CONDITIONS [contributing to death but not related to the terminal disease given in Part I (a)] \_\_\_\_\_

19. WAS AUTOPSY PERFORMED?  
Yes  No

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED.	20c. Time of injury Hour, m. E.S.T. Month, Day, Year
20d. INJURY OCCURRED White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	20f. CITY, BOROUGH, TOWNSHIP COUNTY STATE
21. I hereby certify that I attended the deceased from <u>June 1, 1956</u> to <u>Dec 21, 1956</u> that I last saw the deceased alive on <u>Dec 20, 1956</u> and that death occurred at <u>5:30 a.m. E.S.T.</u> from the causes and on the date stated above.		
22a. SIGNATURE <u>John B. Redway</u> M.D. or D.O.	22b. ADDRESS <u>233 W. 8th St. Erie, Pa.</u>	22c. DATE SIGNED <u>12/21/56</u>
23a. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	23b. DATE <u>12-24-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>
23d. LOCATION (City, Boro., Twp. & County) (State) <u>Erie Milcreek Twp. Pa.</u>		
24. DATE REC'D BY REG. <u>12-22-56</u>	25. REGISTRAR'S SIGNATURE <u>Margaret D. Kelleher</u>	26. SIGNATURE OF FUNERAL DIRECTOR <u>John J. [Signature]</u> ADDRESS <u>728 West 9th St.</u>