

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

13355

**1. PLACE OF DEATH**

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1003

City St. Louis (No. #5158 Waterman, Ave)

File No. ....  
Registered No. 3924 (Ward)

**2. FULL NAME**

John Elmer Mateer  
(a) Residence No. #5158 Waterman, Ave. 11 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie L. Mateer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 7<sup>th</sup> 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
58. 4. 22.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Salesmanager  
(b) General nature of industry, business, or establishment in which employed (or employer) Supplex Co  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Charles, Mo. (STATE OR COUNTRY)

10. NAME OF FATHER Wm R. Mateer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER Ann Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Harold Mateer (Address) #5158 Waterman

15. FILED 11-1 Wm Estabrook REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1<sup>st</sup> 1922, to Mar 29, 1929, that I last saw him alive on March 24, 1929, and that death occurred, on the date stated above, at 1:45 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma Bladder  
51849

CONTRIBUTORY (SECONDARY) (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH unknown

DID AN OPERATION PRECEDE DEATH? yes DATE OF 10/12/28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Labatory + cytology (Signed) J. P. Altshuler M. D.

.19 (Address) 958 Arcade Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine DATE OF BURIAL 4-1-1929

20. UNDERTAKER B. R. Rupton ADDRESS 4449 Olive St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Memorandum.

Arcade Bldg.

11. 05 a. m., Feb.

In Dr Burford's office.