

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

Do not use this space.

6313

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1208
 City Louis (No. 3727) Erans Ave (St. 11 Ward)
 Registered No. 1344

2. FULL NAME

(a) Residence, No. 3727 Erans Ave St. 11 Ward.
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>May M. Matter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 27-1848</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>9</u>
	DAYS <u>12</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cannery Maker</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Cannery Mfg Co</u>
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Louis MO

13. NAME Anton Matter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany

15. MAIDEN NAME Anna Rader

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany

17. INFORMANT (ADDRESS)
Mrs Mary M Matter
3727 Erans Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb. 12 1932

19. UNDERTAKER (ADDRESS)
Robert T. Cooper
2707 N. Grand, St. Louis, MO

20. FILED 10 1932 Max C. Starnett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from left 1932 to Feb 9, 1932
 I last saw him alive on Jan 1, 1932 Death is said to have occurred on the date stated above, at 1:15 p. m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
935
 Other contributory causes of importance:
1
 Name of operation..... Date of.....
 What test confirmed diagnosis stypical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) J. B. D. Perry, M. D.
 (Address) 1446 N. Grand

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.

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