DEC 28 1937

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

42395
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis — Registration District No. 788
(b) Township Jefferson — Primary Registration District No. 4471 — Registered No. 114
(c) City Webster Groves (d) Street No. Berry Rd & Bismark ave St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 1ds. (f) How long in U. S., if of foreign birth? 34 yrs. mos. ds.

2. PRINT FULL NAME Frank Matter
(a) Residence, No. 3551 Boswell — St. Louis - Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male W
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~~ Lottie Matter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 1887

7. AGE: Years 50 — Months 5 — Days 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Landscapper
9. Industry or business in which work was done, as saw mill, bank, etc. General Landscaping
10. Date deceased last worked at this occupation (month and year) Dec 1937
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

FATHER
13. NAME Felix Matter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER
15. MAIDEN NAME Elizabeth Koch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT Rose Marie Matter
(ADDRESS) 3551 Boswell

18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE Central Cemetery DATE Dec 4 1937

19. FUNERAL DIRECTOR Ortmann Funeral Home
(ADDRESS) 9222 Lackland Overland Mo

20. FILED 12-3-1937 Jules R. Yore
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:30P m.
The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis — Date of onset

Other contributory causes of importance:

Name of operation None — Date of —
What test confirmed diagnosis? Autopsy — Was there an autopsy? Yes

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) John O. Connell M. D.
(Address) Coroner, St. Louis Co.

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Al C. Ortmann, Licensed Embalmer No. 3478

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Al C. Ortmann

Licensed Embalmer No. 3478

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.)