

CT 25. 1938

REC NOV 4 1938

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

36811  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township Richmond Heights Primary Registration District No. 111 Registered No. 1734  
(c) City Richmond Heights (d) Street No. 1403 Silverton Place St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 21 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Robert Z. Matlock

(a) Residence, No. 1403 Silverton Pl. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 Gratie N. Matlock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12/1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 8 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) June, 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps County Missouri

FATHER 13. NAME John R. Matlock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps County Missouri

MOTHER 15. MAIDEN NAME Hannah Sorrell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gassonade County Missouri

17. INFORMANT (ADDRESS) John R. Matlock 1403 Silverton Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. James, Missouri DATE Oct. 26/1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe, Inc. 4700 Washington Blvd.

20. FILED OCT 25 1938 G. W. Meyer, M. D. P. H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1938, to Oct. 24, 1938  
I last saw him alive on Oct. 23, 1938. Death is said to have occurred on the date stated above, at 12:15 A.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Oct. 23  
87-21

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) D. H. Miller, M. D.  
(Address) 3655 Delmar Blvd.

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.

**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 *Robert W. Happe*

Licensed Embalmer No. *1861*

P. O. Address *4700 Hushugh*

**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, above space should be left blank.**