Duplicate

REC'D APR 12 1939

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

791

1003

8162
Do not use this space.

1927

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 1927

(c) City St. Louis (d) Street No. Missouri Pacific Hospital 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Walter Matthes

(a) Residence, No. 1414 Obear Avenue St. 9
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Matthes (Campbell)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	59.	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Section Foreman

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Germany

FATHER

13. NAME Julius Matthes

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

MOTHER

15. MAIDEN NAME Dorothy Sperling

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

17. INFORMANT Mrs. Mary Matthes
(ADDRESS) 1414 Obear Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE Mar. 1, 1939

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED MAR 1 1939 J. F. Buchek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1938, to February 25, 1939
I last saw him alive on February 25, 1939. Death is said to have occurred on the date stated above, at 5:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Of Pancreas	

Other contributory causes of importance:
Hepatitis
Anemia

Name of operation Cholecystogrostomy Date of Nov. 17, 1938
What test confirmed diagnosis? ..... 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) R. O. Illges M. D.
(Address) Missouri Pacific Hospital St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

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. Lonnie J. Hampton

Licensed Embalmer No. 2967

P. O. Address 2161 E. Fair Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.