

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.

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No.

10794

1. PLACE OF DEATH:

(a) County 1003  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 Days  
(Specify whether  
 In this community 8 years  
years, months or days)

3. (a) PRINT FULL NAME Clyde Matkin 328

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years about 35 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bartlett Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation not employed

11. Industry or business \_\_\_\_\_

12. Name Walter P. Matkin

13. Birthplace unknown Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Hazel Ferguson

(b) Address 3616<sup>th</sup> Park Ave St. Louis

17. (a) Removed (b) Date thereof Dec 18-1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison

18. (a) Signature of funeral director Francis J. Lakey

(b) Address Madison

19. (a) DEC 18 1939 (b) J. B. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
 (c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3616<sup>th</sup> Park Ave  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18,  
 year 1939 hour 2:50 minute A. M.

21. I hereby certify that I attended the deceased from December  
7, 1939, to December 18, 1939  
 that I last saw him alive on December 18, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic emphysema Duration \_\_\_\_\_  
non tubercular

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

PHYSICIAN  
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_

23. Signature Hon Kaemel (M. D. or other) \_\_\_\_\_  
 Address 1515 Lafayette, 12/19/39

**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... *Francis J. Lahey*

Licensed Embalmer No. *2792*

P. O. Address *Medina OH*

**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.**