

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 715

1. PLACE OF DEATH: FEB 27 1940

(a) County \_\_\_\_\_

(b) City or town ST. LOUIS

(c) Name of hospital or institution: JEWISH HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution HOSP 3 DAYS  
(Specify whether \_\_\_\_\_)

In this community 20 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County \_\_\_\_\_

(c) City or town ST LOUIS 12  
(If outside city or town limits, write "RURAL")

(d) Street No. 5189 KENSINGTON  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME MARY MATKEVICH 341

3. (b) If veteran, name war NONE

3. (c) Social Security No. 49767040

4. Sex FEMALE 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 FEBRUARY 2, 1900  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>11</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace MADISON ILLINOIS  
(City, town, or county) (State or foreign country)

10. Usual occupation CLOTHING OPERATOR

11. Industry or business MENS CLOTHING MANUFACTURING

MOTHER FATHER

12. Name JOSEPH MATKEVICH

13. Birthplace \_\_\_\_\_ LITHUANIA  
(City, town, or county) (State or foreign country)

14. Maiden name VERONICA PAUZA

15. Birthplace \_\_\_\_\_ LITHUANIA  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dr. A. Spall

(b) Address 5189 KENSINGTON, ST. LOUIS, MO.

17. (a) REMOVAL (b) Date thereof JAN 23, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis Ill.

18. (a) Signature of funeral director John Masly

(b) Address East St. Louis Ill.

19. (a) JAN 24 1940 (b) J. B. Burdick  
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 23  
year 1940 hour 10AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1-20-40  
\_\_\_\_\_, 19\_\_\_\_, to 1-23-40, 19\_\_\_\_;  
that I last saw him alive on 1-23-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Lobar Pneumonia due to  
Type III pneumococcus  
of Pneumococic Septicemia 12 days

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

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

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

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

Of autopsy Lobar Pneumonia

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_

23. Signature Madira B. Kerstein (M. D. or other) M.D.

Address 601 Humboldt Ill. Date signed 1-23-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WHILE FILLING OUT THIS CERTIFICATE, PLEASE MAKE A FULL AND COMPLETE RECORD OF 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

*L. R. Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

**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.**