

11-10-30
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13481

State File No. 3683

MAY 15 1940 791

Primary Registration District No. 1003

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County 1
(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 3 Days
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 24
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3661 So Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21,
year 1940 hour 1:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from April
19, 1940 to April 21, 1940;
that I last saw him alive on April 21, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Dissecting Aneurysm of 2 days
Aorta

Due to _____
Due to _____

Other conditions Hemopericardium 2 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Same as above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

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)
(e) Means of injury _____

23. Signature Walter Ford (M. D. or other)
Address 515 Lafayette Date signed 4/22/40

8. (a) PRINT FULL NAME Edward Matter 360

3. (b) If veteran, name war no 8. (c) Social Security No. 489-12-1020

4. Sex male 5. Color or white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mamie Wentzel Matter 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased January 23rd 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 29 If less than one day hr. _____ min. 0

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

10. Usual occupation Watchman 9

11. Industry or business City Park Department 9

12. Name Adolph Matter 9

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

14. Maiden name Margaret Hammer

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

16. Informant Mayme Matter
(b) Address 3661 So Broadway

17. (a) Burial (b) Date thereof Apr. 24. 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem
18. (a) Signature of funeral director Henry Weidmuller
(b) Address 6203 Gravois Ave.

19. (a) APR 23 1940 (b) J. Bruck
(Date received local registrar) (Registrar's signature)

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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.