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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **39673**

Registration District No. **754**

Primary Registration District No. **202**

Registrar's No. **2215**

1. PLACE OF DEATH: **St. Louis**  
 (a) County **St. Louis**  
 (b) City or town **Affton**  
 (c) Name of hospital or institution: **8611 Virgil Ave.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 year**  
 In this community **2** years, months or days (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Matthew Kofron**  
 3. (b) If veteran, name war **No**  
 3. (c) Social Security No. **No**

4. Sex **Male**  
 5. Color or race **White**  
 6. (a) Single, wid, or divorced **Widowed**  
 6. (b) Name of husband or wife **Mary**  
 6. (c) Age of husband or wife if alive **2** years  
 7. Birth date of deceased **July 2 1870**  
 (Month) (Day) (Year)

8. AGE: **70** Years **4** Months **21** Days  
 If less than one day hr. min.

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

10. Usual occupation **Retired**

11. Industry or business **Unknown**

12. Name **Unknown**

13. Birthplace **Unknown**  
 (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 **Harry Kofron**  
 (b) Address **2331 S. Broadway**

17. (a) **Burial** (b) Date thereof **Nov 26th**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SunSet Burial Park**

18. (a) Signature of funeral director **Wacker Helderle**  
 (b) Address **2331 S. Broadway**

19. (a) **NOV 25 1940** (b) **[Signature]**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo.** (b) County **St. Louis**  
 (c) City or town **Affton**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **8611 Virgil Ave.**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **23rd**  
 year **1940** hour **5.10** A.M. P.M.

21. I hereby certify that I attended the deceased from **July 2**, 19**40**, to **Nov. 23**, 19**40**  
 that I last saw h. **in** alive on **Nov. 21**, 19**40**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **5 min.**

Due to **Arterio Sclerosis General** 27 yrs

Other conditions **none**  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations  
 Of autopsy

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)  
 (Specify type of place) (Cause of injury)

23. Signature **[Signature]** (M. D. or other)  
 Address **2643 Cherokee St** Date signed **Nov 23 40**

**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 Wheeler*

Licensed Embalmer No. ....

*2128*

P. O. Address.....

*St Louis Mo*

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

**If this body is not embalmed, fact should be so stated above.**