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23159

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 12728  
Registrar's No. 3158

Registration District No. 791

Primary Registration District No. 1003

### 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3415 Humphrey St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 62 years  
years, months or days)

### 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3415 Humphrey St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 10  
year 1941 hour 6 minute 30a. M.

21. I hereby certify that I attended the deceased from  
10-25-1937 to 4-10-41  
that I last saw him alive on 4-10-41  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Myocardial  
Chronic

Duration

(mo)

Due to Arteriosclerosis  
arteriosclerosis

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

Other conditions  
(Include pregnancy within 3 months of death) 93 &

Major findings:  
Of operations none

Of autopsy none

### 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)  
(e) Means of injury 0

23. Signature Eugene Algel (M. D. or other) MD.  
Address 5825 S. Grand Date signed 4-10-41

### 3. (a) PRINT FULL NAME Minna K. Matthes

3. (b) If veteran, name war --- 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Eduard Matthes 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased October 4, 1852  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 6 6 hr. min.

9. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

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

12. Name Johan Krause

13. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Weiss

15. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin O. Matthes

(b) Address 3415 Humphrey

17. (a) Burial (b) Date thereof 4/12/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset, Burial Park

18. (a) Signature of funeral director Wacker-Weidert

(b) Address 2331 S. Broadway

19. (a) APR 11 1941 (b) J. H. Brudvik  
(Date received local registrar) (Registrar's signature)

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

**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 Crowley*

Licensed Embalmer No. *2178*

P. O. Address..... *St. Louis, Mo.*

**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, fact should be so stated above.**