

FILED NOV 24 1941

Registration District No. 791

Primary Registration District No. 1003

1003

Registrar's No.

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

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5468a No. Kingshighway Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th
year 1941 hour 1:30 minute A.M. M.

21. I hereby certify that I attended the deceased from Sept 5
1941 to Oct 9 1941
that I last saw her alive on Oct. 9 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia
Lobar condition
Due to Acute lymphatic
tuberculosis.
Due to _____
Duration 1 wk.
2 mo.

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: 74
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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23: Signature J. T. Bredetz (M.D. or other) _____
Address 607 N. Grand Date signed 10/10/41

3. (a) PRINT FULL NAME Frances C. Matreci
3. (b) If veteran, name war None 3. (c) Social Security No. None
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 Nov. 21st 1909
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
31 10 19 hr. min.
9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Cashier
11. Industry or business United Shoe Machinery Co.
MOTHER FATHER { 12. Name Anthony Matreci
13. Birthplace Italy
(City, town, or county) (State or foreign country)
14. Maiden name Mary Cantanzaro
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Mary Matreci
(b) Address 5468a No. Kingshighway Blvd.
17. (a) Burial (b) Date thereof 10-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
19. (a) OCT 11 1941 (b) J. T. Bredetz
(Received from local registrar) (Registrar's signature)

DI. 1301
609 N. Broadway
of 10.2.52 S

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 *Reinhold K. Lohmann*

Licensed Embalmer No. *3395*

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, fact should be so stated above.