No. 2
-1-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1941

Registration District No. 704

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39394

Primary Registration District No. 203

Registrar's No. 2424

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Admitted Nov. 8, 1941.
(Specify whether years, months or days)
In this community: unknown.

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.: 4936 Shaw Avenue
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME: Tony Matreci

3. (b) If veteran, name war: World War

3. (c) Social Security No.: Yes - not remembered.

4. Sex: Male

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: August 21, 1894 (Month) (Day) (Year)

8. AGE: Years 47 | Months 3 | Days 8 | If less than one day: hr. min.

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

10. Usual occupation: Painter

11. Industry or business: —

FATHER
12. Name: Lawrence Matreci
13. Birthplace: (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name: Anna Catazario
15. Birthplace: (City, town, or county) Italy (State or foreign country)

16. (a) Informant: M. Schulig
(b) Address: Clinical Clerk, VAF Jeff. Bk., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-2-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Jefferson Barracks

18. (a) Signature of funeral director: Kriegshauser Mortuaries
(b) Address: 4228 So. Kingshighway Blvd.

19. (a) DEC 1 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: November day: 29th
year: 1941 hour: 12:20 minute: a. M.

21. I hereby certify that I attended the deceased from Nov. 8, 1941 to November 29, 1941 that I last saw h. in alive on November 29, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Syphilitic heart disease, myocardial damage and myocardial	
Due to: insufficiency.	Unknown
Due to:	
Other conditions: none. (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autopsy: No autopsy.

30 d

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): no
(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: L. M. COCHRAN, M. D. (M. D. or other)
Address: Chief Medical Officer. Date signed: 11/29/41

(Licensed Embalmer's Statement on Reverse Side)

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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. Edwin D. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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

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