

FILED APR 8 1942

Registration District No. 791

Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County St. Louis Mo

(b) City or town.....
(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.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis ⁶⁸¹

(c) City or town St. James ^{NR 3}
(If outside city or town limits, write "RURAL") ⁰

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Etta Jane Matlock

3. (b) If veteran, name war..... No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased April 18 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 10 21 hr. min.

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

10. Usual occupation House Wife

11. Industry or business.....

MOTHER FATHER { 12. Name John Hughes

{ 13. Birthplace Unkown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unkown

{ 15. Birthplace Unkown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Matlock

(b) Address St. James

17. (a) Removal (b) Date thereof 3-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James, Mo.

18. (a) Signature of funeral director Albert H Hoppe

(b) Address 4700 Washington

19. (a) MAR 12 1942 (b) J. F. Buddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1942 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from.....
19..... to..... 19.....;

that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death
Encephalomalacia; Atrophy of Brain;
Cholecystitis, chronic with

Due to Lithiasis;

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 47c

Of autopsy..... 0

Duration

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.....

23. Signature Thomas J. Callahan (or other)
Address Deputy Coroner Date signed 3/12/42

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 A. Hoppel*.....

Licensed Embalmer No. *1861*.....

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.