7. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

16428

State File No. 5036

FILED JUN 22 1942 791

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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 Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1yr.10mos.21dys. (Specify whether years, months or days)
In this community About 70 years

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. 2636 Cherokee
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MAMIE MATTER
3. (b) If veteran, name war –
3. (c) Social Security No. –
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Edward Matter
6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased 7-18-1869 (Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 21 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Adam Wentzel
FATHER 13. Birthplace Washington (City, town, or county) D.C. (State or foreign country) 1
MOTHER 14. Maiden name Caroline Diekhardt
MOTHER 15. Birthplace Belleville (City, town, or county) Illinois (State or foreign country) 1
16. (a) Informant L. Deggendorf
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. (a) JUN 10 1942 (Date received local reg.) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1942 hour 12:25 minute P. M.

21. I hereby certify that I attended the deceased from 7-1-41, 19..., to 6-8-42, 19... that I last saw her alive on 6-8-42, 19... and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with Myocardial Degeneration 1940x — Duration
Due to Hypertension 1940x
Due to Senility 1940x
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Yes.

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 0
23. Signature Walter Ford (M. D. or other)
Address 5300 Arsenal Date signed 6-9-42

(Licensed Embalmer's Statement on Reverse Side)

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.

Complete autopsy

Signed.....

Licensed Embalmer No. 1284

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.