

FILED FEB 2 1943

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 784

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:
5728 Holly Hills
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
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. 5728 Holly Hills
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaretha Matz
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 married
6. (b) Name of husband or wife Phillip Matz 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased February 4, 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 20 hr. _____ min. If less than one day

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

10. Usual occupation At home

11. Industry or business _____

12. Name John Buchmann

13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Johanna Matz
(b) Address 5728 Holly Hills

17. (a) cremation (b) Date thereof 1/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director John Ziegenhagen & Son
(b) Address 7027 Gravois

19. (a) JAN 26 1943 (b) J. F. Brudeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, day 24th
year 1943 hour 3:15 minute P M.
21. I hereby certify that I attended the deceased from About
October, 1942, to January 24th, 1943;
that I last saw him alive on January 24th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 18 hours

Due to Chronic Myocardial Disease and Arterio-Sclerosis

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

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? _____

23. Signature Paul B. Webb (M. D. or other) MD
Address 3467 Worquessford Date signed 1/25/43
(Specify type of place) (c) Means of injury

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

MOTHER, FATHER

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..... *B. P. Kidwell*
Licensed Embalmer No. *3877*
P. O. Address..... *7027 Travis*

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.