

FILED MAY 7 1949 818

Registration District No. _____ Primary Registration District No. **1003**

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

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:
4341 Chippewa St.
(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 _____

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **4341 Chippewa St.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Joseph P. Matejka**

3. (b) If veteran, name war **No** 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or Race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Leoba Matejka** 6. (c) Age of husband or wife if alive **31** years

7. Birth date of deceased **Unknown** **About 1907**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **25th**
year **1943** hour **8** minute **AM**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

that I last saw him _____ alive on _____, 19____

and that death occurred on the date and hour stated above.

8. AGE: Years **About 36** Months **Unknown** Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death **Internal Hemorrhage from stab wound of heart from knife in the hands of one Leoba Rose Matejka in the home at 4341 Chippewa St**

Due to **Leoba Rose Matejka**

Due to **Wound midnight 4-25-43**

9. Birthplace **St. Louis, Mo.** _____
(City, town, or county) (State or foreign country)

10. Usual occupation **Warehouse worker**

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

11. Industry or business _____

MOTHER FATHER

12. Name **Joseph Matejka**

13. Birthplace **Czechoslovakia**
(City, town, or county) (State or foreign country)

14. Maiden name **Marie Matejka**

15. Birthplace **Czechoslovakia**
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Anthony Matejka**

(b) Address **2336 Russell Blvd.**

17. (a) **Burial** (b) Date thereof **4/28/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old SS Peter & Paul**

18. (a) Signature of funeral director **Ann L. Moydell**

(b) Address **1926 Allen Ave.**

19. (a) **APP 27 1949 J. P. Brudeak**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Homicide**

(b) Date of occurrence **4-25-43**

(c) Where did injury occur? **St Louis Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature **James J. F. [unclear]** (Dr. D. or other) _____
Address **1306 [unclear]** Date signed **7/26/43**

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 allen ave

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.