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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35785

OCT 30 1943

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 2406

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: residence-6508 Etzel Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town University City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 6508 Etzel Avenue 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME RILEY EVERETT MATLOCK

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Pansy Matlock

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April (Month) 23 (Day) 1881 (Year)

8. AGE: Years 62 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Maries County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Police Officer

11. Industry or business University City

FATHER
12. Name George W. Matlock
13. Birthplace St. James (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Harrison
15. Birthplace St. James (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Pansy Matlock
(b) Address 6508 Etzel Ave., U. City

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) OCT 28 1943 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature) 78

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26th year 1943 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from Oct 21st 43, 19 to Oct 26th, 1943 that I last saw him alive on Oct. 26th, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	24 hours
Due to: Arterio Sclerosis & Myocarditis of long standing	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 93 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)
(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 John A. Kouzelman (M. D. or other)
Address 6677 Delmar Bl. Date signed 10/27/43

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(Licensed Embalmer's Statement on Reverse Side)

Dr. J. A. Konzelman
6677 Delmar Avenue
CY 8527
HRS 1 - 3 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011.

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.