

FILED JUL 24 1944

Registration District No. _____

Primary Registration District No. **3058**

Registrar's No. **99**

1. PLACE OF DEATH: **St Charles**

(a) County **St. Charles**

(b) City or town **St. Charles**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Joseph's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 weeks**
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles** **92**

(c) City or town **St. Charles** **7**
(If outside city or town limits, write "RURAL") **3**

(d) Street No. **1701 Tompkins Street**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Albert Matejka**

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 **Widowed**

6. (b) Name of husband or wife **Nancy Connors** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 18th, 1858**
(Month) (Day) (Year)

8. AGE: Years **86** Months **1** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace **Callaway County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mo Susie - Sellenoschwetter**

(b) Address **St Charles MO**

17. (a) **Burial** (b) Date thereof **June 16, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **Naedimann, Paul**

(b) Address **326 N 6th St, St. Charles, MO**

19. (a) **6/16/44** (b) **Garust E. Paule**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **13**
year **1944** hour **3** minute **15 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 **Coronary Thrombosis??** ? **Duration** ?

Due to **generalized atherosclerosis?** ?

Due to _____

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

Major findings: Of operations **94a**

Of autopsy **Tom**

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 **Rothander** (M.D. or _____)

Address **St Charles, Mo** Date signed **6/16/44**

1340 By: **Marie Brennan** (Licensed Embalmer's Statement on Reverse Side)

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

12393

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-22-11

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.....

Arthur C. Paul

Licensed Embalmer No. 3151

P. O. Address.....

St Charles 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.