No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 22 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19145

Hist. 48720

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 4765

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital, Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 1806 N Jefferson Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME BABY BOY MATLOCK

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 4 (Month) 30 (Day) 1947 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	11	hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name James Matlock

13. Birthplace Lenox (City, town, or county) Mo. (State or foreign country)

MOTHER 14. Maiden name Clara Anderson

15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mr James Matlock.

(b) Address 1806 N Jefferson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-47 (Month) (Day) (Year)

(c) Place: burial or cremation Lecoma, Mo.

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave.

19. (a) MAY 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1947 hour 5:45 minute A M.

21. I hereby certify that I attended the deceased from 4-30-47, 19..., to 5-11-47, 19...; that I last saw him alive on 5-11-47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Thrombosis, toxemia, puerperal, etiology undetermined

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN — Underline the cause of 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 S. W. Gollub (M. D. or other)

Address 1515 Lafayette Date signed 5-12-47

S.W. Gollub

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

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 Henry W. Brammer

Licensed Embalmer No. 4200

P. O. Address.....

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.