

Registration District No. 318 Primary Registration District No. 100

1. PLACE OF DEATH:
(a) County...
(b) City or town St. Louis
(c) Name of hospital or institution:
Congress Hotel- 275 Union Ave.
(d) Length of stay: In hospital or institution
In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 275 Union Ave.
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert P. Matches
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 1
year 1947 hour 4 minute a. M.
21. I hereby certify that I attended the deceased from October
1946 to July 1 1947;
that I last saw h. im alive on June 30 1947;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lida Matches
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased January 31st, 1885
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis Duration 3 days
Due to Gen. arteriosclerosis
Due to 9 if
Other conditions Bronchitis chroni 30 yrs
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
62 5 0 hr. min.

9. Birthplace Newark New Jersey
(City, town, or county) (State or foreign country)

10. Usual occupation President

11. Industry or business Lake Builders Inc.

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace unknown

16. (a) Informant Mrs. Lida Matches
(b) Address 275 Union Ave.

17. (a) Removal (b) Date thereof 7-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tulsa, Oklahoma

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

19. (a) JUL 1 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury
23. Signature Herman Erlanger (M. D. or other)
Address 4952 Maryland Ave Date signed July 1, 1947

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

JUL 1

(Licensed Embalmer's Statement on Reverse Side) Herman Erlanger

Dr. ~~William~~ Stanger
4952 Maryland

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.