S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

Registration District No. 918

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 43309

Registrar's No. 12044

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

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: 4989 Neosho
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oaw

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4989 Neosho 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Dr. Clarence E. Matlock

3. (b) If veteran, name war World War #1

3. (c) Social Security No.

4. Sex M. C

5. Color or race W.

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

6. (b) Name of husband or wife Minnie Blanche Campbell

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Oct. (Month) 21 (Day) 1883 (Year)

8. AGE: Years 64 Months 2 Days 9 If less than one day hr. min.

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

10. Usual occupation Physician

11. Industry or business

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

MOTHER
14. Maiden name Jane Halbert
15. Birthplace Steelville, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie B. Matlock
(b) Address 4989 Neosho

17. (a) burial (b) Date thereof 1-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Steelville, Mo.

18. (a) Signature of funeral director Alexander Sono
(b) Address 6175 Delmar

19. (a) DEC 31 1947 (b) J. Bridach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 1947 hour 10: minute 00 A. M.

21. I hereby certify that I attended the deceased from July, 1946, to Date, 19..; that I last saw him alive on Dec. 30, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death abdominal aneurysm	4+ yrs.
Due to arteriosclerosis	5+ yrs.
Due to 96	
Other conditions uremia due to Hydronephrosis. (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy —	

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 0

23. Signature L. C. Welsh (M. D. or other) M.D.

Address 4030 Chouteau Date signed 12/31/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.