

FILED JAN 10 1948

Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 2704

1. PLACE OF DEATH:

(a) County. St. Louis
(b) City or town. Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1218 Bellevue Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME John P. Mathae

3. (b) If veteran, name war. No 3. (c) Social Security No. Yes

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Minnie L. Mathae 6. (c) Age of husband or wife if alive. 61 years

7. Birth date of deceased. Sept. 11 1881
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 17 If less than one day
.hr. _____ min.

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

10. Usual occupation. Salesman

11. Industry or business. Dubois Prod. Co.

12. Name. John Peter Mathae
18. Birthplace. St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name. Pauline Ackerman
15. Birthplace. St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant. Minnie L. Mathae
(b) Address. 1218 Bellevue Ave.

17. (a) Burial (b) Date thereof. Dec. 31 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Hiram Cemetery
C. Holmeister Colonial Mortuary

18. (a) Signature of funeral director. _____
(b) Address. 6464 Chippewa St.

19. (a) 12-30-47 (b) Benley Sharp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. St. Louis
(c) City or town. Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1218 Bellevue Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Dec. day. 28
year. 1947 hour. 4 minute. P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death. _____
Cause unknown

Due to. _____
2000
Due to. _____

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

Major findings:
Of operations _____

Of autopsy _____

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. _____
Benley Sharp (M. D. or other) _____
Address. Commissioner of Health Date signed. 12-29-47

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

MOTHER FATHER

Dr. Cecil Sharp
Co. Health Dept.

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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, above space should be left blank.