No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3386

FILED FEB 9 1948

Registration District No. 3787

Primary Registration District No. 3069

Registrar's No. 335

1. PLACE OF DEATH

(a) County St Louis

(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 Richmond Hts

ST. MARY'S HOSPITAL (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 0 + 0

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

(d) Street No. 5407 RHODES 9 (If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No) 1

If yes, name country ____

3. (a) PRINT FULL NAME LAWRENCE MATOUSHEK

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex MALE C

5. Color or race WHITE

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

6. (b) Name of husband or wife ____

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

7. Birth date of deceased NOV. (Month) 30 (Day) 1946 (Year)

8. AGE: Years 1 Months 2 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace ST. LOUIS MO (City, town, or county) (State or foreign country)

10. Usual occupation ____

11. Industry or business ____

FATHER
12. Name LAWRENCE MATOUSHEK
13. Birthplace ST. LOUIS MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MELVA SCHNEIDER
15. Birthplace ST. LOUIS, MO. (City, town, or county) (State or foreign country)

16. (a) Informant LAWRENCE MATOUSHEK

(b) Address 5407 RHODES

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 4, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation S.S. PETER & PAUL CEM.

18. (a) Signature of funeral director Thomas Kutis & Son

(b) Address 2906 GRAVOIS

19. (a) 2-4-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 1 year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-17, 1947 to 2-1, 1948 that I last saw him alive on 2-1, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congenital heart disease	
Due to	
1572	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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:

(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 J B J Kessler (M. D. or other)

Address 3504 N 14th Date signed 2-3-48

(Licensed Embalmer's Statement on Reverse Side)

3504 M. 14 th

FEB 11 1948

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 Homer C Dill

Licensed Embalmer No. 4-3247

P. O. Address 2906 Grand

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.