No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17821

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4848

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution Enroute City Hosp.

~~3884 McDonald Ave.~~ 3

(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 600

(c) City or town St. Louis 17

(If outside city or town limits, write "RURAL") 9

(d) Street No. 3853a Potomac St. 0

(If rural, give location)

(e) Citizen of foreign country? 16 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edwin O. Matthes

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

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife --

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

7. Birth date of deceased Feb. (Month) 12 (Day) 1893 (Year)

8. AGE: Years 55 | Months 3 | Days 14 | If less than one day hr. min.

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

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Edward Matthes
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Minna Krause
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Henry M. Vogler

(b) Address 352 Rauhut, Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/48 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Helderle

(b) Address 3634 Gravois Ave.

19. (a) MAY 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1948 hour 10 minute 30 A.M.

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

Immediate cause of death Carbon Monoxide Poison, when he was found in his automobile in garage in rear of 3884 McDonald Av., with a 15-foot hose attached to exhaust pipe, the other end of hose through right rear ventilator, on May 26, 1948 exact time unknown.

Due to SUICIDE.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 162

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) Suicide

(b) Date of occurrence 5-26-1948

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? see above (Specify type of place)

While at work? no (e) Means of injury see above

23. Signature [signature] (M. D. or other)

Address [signature] Date signed 5/27/48

(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 Robert C Wheeler

Licensed Embalmer No. 2128

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.