

National Office of Vital Statistics

FILED JUL 14 1948

Registration District No. **397**Primary Registration District No. **3666**Registrar's No. **1649**

## 1. PLACE OF DEATH:

(a) County **St. Louis**  
 (b) City or town **Kirkwood**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**721 W. Woodbine 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 Matt**

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Sex **Male** 5. Color or race **White**6. (a) Single, widowed, married, divorced **Married**6. (b) Name of husband or wife **Kate** 6. (c) Age of husband or wife if alive **70** years7. Birth date of deceased **May 29 1868**  
(Month) (Day) (Year)8. AGE: Years **80** Months **1** Days **5** If less than one day  
hr. min9. Birthplace **Germany**  
(City, town, or county) (State or foreign country)10. Usual occupation **Retired**

11. Industry or business.....

12. Name **Unknown**13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)14. Maiden name **Unknown**15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)16. (a) Informant **Mrs. Kate Matt**(b) Address **721 W. Woodbine Ave., Kirkwood**17. (a) **Burial** (b) Date thereof **7/7/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **St. Peter's, Kirkwood**18. (a) Signature of funeral director **Louis H. Bopp, Inc.**(b) Address **131 W. Argonne Dr., Kirkwood**19. (a) **7-6-48** (b) **Beula J. Haynes**  
(Date received local registrar) (Registrar's signature)23. Signature **John L. Haynes** (M. D. or other)  
address **Kirkwood, Mo.** Date signed **7/1/48**

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
 (c) City or town **Kirkwood**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **721 W. Woodbine Ave.**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **4** year **1948** hour **8:30** minute **15** M.21. I hereby certify that I attended the deceased from **APRIL 19 -** 19 **48** to **JULY 4 -** 19 **48** that I last saw him alive on **JULY 3 -** 19 **48** and that death occurred on the date and hour stated above.Immediate cause of death **CEREBRAL HEMORRHAGE** Duration **3 DAYS**Due to **ARTERIO-SCLEROSIS** **2070**Due to **CHRONIC MITRAL REGURGITATION** **2070**Other conditions (Include pregnancy within 3 months of death) **928**

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?.....

While at work? (Specify type of place) (e) Means of injury.....

23. Signature **John L. Haynes** (M. D. or other)address **Kirkwood, Mo.** Date signed **7/1/48**

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 Felix Husand

Licensed Embalmer No. 3034

P. O. Address Kirkwood (22) m

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.