

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2065

Registrar's No. 2065

BIRTH NO. 49-30244 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN St. Louis, Mo.c. LENGTH OF STAY (in this place)  
0d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Mo.

b. COUNTY

St. Louisc. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN St. Louis17  
1/2d. STREET ADDRESS (If rural, give location)  
1806 N Jefferson Ave.0

## 3. NAME OF DECEASED (Type or Print)

a. (First)

WAYNE

b. (Middle)

MATLOCK

c. (Last)

4. DATE OF DEATH

(Month)

(Day)

(Year)

March 3, 1949.

## 5. SEX

## 6. COLOR OR RACE

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

## 8. DATE OF BIRTH

## 9. AGE (In years last birthday)

## IF UNDER 1 YEAR

## IF UNDER 24 HRS.

MaleWhiteChild.May 3 194810

12. CITIZEN OF WHAT COUNTRY?

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

St. Louis, Mo.

## 13a. FATHER'S NAME

James Matlock.

## 13b. MOTHER'S MAIDEN NAME

Clara Anderson.

## 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

## 17. INFORMANT'S SIGNATURE OR NAME

## ADDRESS

James Matlock 1806 N Jefferson Ave

## 18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

PROBABLE MEGACOLONGASTRO-ENTERITIS

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## INTERVAL BETWEEN ONSET AND DEATH

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES  NO 

## 21a. ACCIDENT SUICIDE HOMICIDE (Specify)

## 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 21c. (CITY, TOWN, OR TOWNSHIP)

## (COUNTY)

## (STATE)

## 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/28/48, to 3/3/49, 1949, that I last saw the deceased alive on 3/3/49, 1949, and that death occurred at 5:00AM, from the causes and on the date stated above.

## 23a. SIGNATURE

(Degree or title)

## 23b. ADDRESS

## 23c. DATE SIGNED

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

## 24b. DATE

## 24c. NAME OF CEMETERY OR CREMATORY

## 24d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL HEALTH DEPT. 4 1949

## REGISTRAR'S SIGNATURE

## 25. FUNERAL DIRECTOR'S SIGNATURE

## ADDRESS

J. B. LasaterGoodhart & Goodhart 2228 St. Louis, Mo.AV.

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed.....

*Robert M. Murray*

Signed.....

Student Embalmer

Licensed Embalmer No. *3749*

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.