

FILED NOV 2 1951

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State File No.

9041

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN ST. LOUIS MO

c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN ST. LOUIS 2239

d. FULL NAME OF HOSPITAL OR INSTITUTION
2404 S. 11th ST

STREET ADDRESS (If rural, give location)
2404 S. 11th ST

3. NAME OF DECEASED
a. (First) ALBERT b. (Middle) F. c. (Last) MATOUSEK

4. DATE OF DEATH (Month) (Day) (Year)
OCT. 11 1951

5. SEX
MALE

6. COLOR OR RACE
WHITE

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

8. DATE OF BIRTH
APRIL 13 1873

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
78

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

10b. KIND OF BUSINESS OR INDUSTRY
BROWN SHOE

11. BIRTHPLACE (State or foreign country)
ST. LOUIS MO

12. CITIZEN OF WHAT COUNTRY?
U.S.

13a. FATHER'S NAME
ALBERT MATOUSEK

13b. MOTHER'S MAIDEN NAME
ANNA POKORNY

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
494-09-1242

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
MATTHEW MATOUSEK 2404 S. 11th ST

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Poisoning
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chr. Glomerulonephritis
DUE TO (c) Chr. Myocarditis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis

INTERVAL BETWEEN ONSET AND DEATH
Oct. 9-51
11 months
10 mos.
11 mos.

19a. DATE OF OPERATION
None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
None

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)
None

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

21f. HOW DID INJURY OCCUR?
447 X

22. I hereby certify that I attended the deceased from Sept. 26, 1951, to Oct. 11, 1951; that I last saw the deceased alive on October 11, 1951, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE
M. J. [Signature] (Degree or title)

23b. ADDRESS
2767 Garvin Ave

23c. DATE SIGNED
10-12-51

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

24b. DATE
OCT. 13 1951

24c. NAME OF CEMETERY OR CREMATORY
RESURRECTION

24d. LOCATION (City, town, or county) (State)
ST. LOUIS MO

DATE REC'D BY LOCAL
OCT 15 1951

REGISTRAR'S SIGNATURE
[Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Thomas Kutis 2906 Grovie

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Geo J Budde

Signed.....
Student Embalmer

Licensed Embalmer No. *3989*

P. O. Address *St. Louis*

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.