

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 22 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6787**

1. PLACE OF DEATH
a. COUNTY _____

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

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2149**

d. FULL NAME OF HOSPITAL OR INSTITUTION **4963 Fairview Ave.**

d. STREET ADDRESS (If rural, give location) **14 4963 Fairview Ave.**

3. NAME OF DECEASED
a. (First) **SARAH** b. (Middle) **ELIZABETH** c. (Last) **MATLOCK**

4. DATE OF DEATH (Month) (Day) (Year) **July 12 1952**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow 2**

8. DATE OF BIRTH **Feb. 28, 1868**

9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) **84**

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

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) **St. James, Mo. 0**

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Paul Breuer**

13b. MOTHER'S MAIDEN NAME **Unknown Miller**

14. NAME OF HUSBAND OR WIFE **Late Hiram Matlock**

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

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Ruth Grimm 4963 Fairview 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) **MEDICAL CERTIFICATION**
Michael Regurgitation?
sent to physician of head
Chronic Nephritis.
Alcohol Poisoning
DUE TO (b) _____
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
15 yrs
2 1/2 yrs
15 yrs
15 yrs

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) (Min.) _____

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

21f. HOW DID INJURY OCCUR? **4210**

22. I hereby certify that I attended the deceased from _____, 19**52**, to **7-12**, 19**52**, that I last saw the deceased alive on **7-11**, 19**52** and that death occurred at **1:05 A** m., from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) _____

23b. ADDRESS **1875 Madison**

23c. DATE SIGNED **7/12/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal (Mtr)**

24b. DATE **7-14-52**

24c. NAME OF CEMETERY OR CREMATORY **Oak Grove Cemetery**

24d. LOCATION (City, town, or county) (State) **St. James, Mo.**

DATE REC'D BY LOCAL REG. **JUL 14 1952** REGISTRAR'S SIGNATURE **[Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Kriegshauser 4228 S. Kingshighway Bl**

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

500

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.

Student
Student Embalmer

Signed Edwin M. Gerhardt

Licensed Embalmer No. 3024

P. O. Address _____

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.