

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3473

FILED JAN 28 1953

State File No. _____
Registrar's No. 0290

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 0290			
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): St Louis		c. LENGTH OF STAY (In this place):		c. CITY (If outside corporate limits, write RURAL and give township): St Louis		2139					
d. FULL NAME OF HOSPITAL OR INSTITUTION: City Hospital				d. STREET ADDRESS (If rural, give location): 13 City Infirmary 5800 Arsenal							
3. NAME OF DECEASED: (Type or Print) Emma Matern			a. (First)			b. (Middle)			c. (Last)		
4. DATE OF DEATH: (Month) (Day) (Year) Jan 11 - 53		5. SEX: F		6. COLOR OR RACE: White		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow		8. DATE OF BIRTH: Not known		9. AGE (In years last birthday): 85	
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired): None		10b. KIND OF BUSINESS OR INDUSTRY: None		11. BIRTHPLACE (City and State or Foreign Country): Unknown				12. CITIZEN OF WHAT COUNTRY: 9			
13a. FATHER'S NAME: Not known			13b. MOTHER'S MAIDEN NAME: Not known			14. NAME OF HUSBAND OR WIFE: Phillip Matern					
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.:		17. INFORMANT'S SIGNATURE OR NAME: ADDRESS: Fradi Groebel, 219 Cordello						
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION: I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Fr of the right femur; Laser Pneumonia; suffered in fall to the floor; sub Arsenical at the City Infirmary 5800 DUE TO (b) Arsenical DUE TO (c) Arsenical at about 355 pm II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or conditions causing death.						INTERVAL BETWEEN ONSET AND DEATH: "0-2" 19 1952			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION: 000 Accident						20. AUTOPSY: YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT: SUBD HOMICIDE: Accident		21b. PLACE OF INJURY (e.g., household, home, farm, factory, street, office, etc.): Infirmary		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE): St Louis Mo.							
21d. TIME OF INJURY: Dec 19 52 3:55 PM		21e. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW/DEED INJURY OCCUR: E9037							
22. I hereby certify that I attended the deceased from: 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at: 1100 AM, from the causes and on the date stated above. 20											
23a. SIGNATURE: Joseph M. Quinn				23b. ADDRESS: 130 d Clark			23c. DATE SIGNED: 1/13/53				
24a. BURIAL, CREMATION, REINTERMENT (Specify):		24b. DATE: Jan 10/53		24c. NAME OF CEMETERY OR CREMATORY: Mt Hope Cmtry		24d. LOCATION (City, town, or county) (State): Tennas Ferry Rd					
DATE REC'D BY LOCAL REG.: JAN 12 1953		REGISTRAR'S SIGNATURE: J. C. Smith			F. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: W. B. Riddle, 67420 Michig on U						

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Pat Embalmer

Licensed Embalmer No. _____

P. O. Address _____

Pat Embalmer

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.