

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 28 1955

BIRTH NO. ... REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY ST. CHARLES b. CITY OR TOWN ST. CHARLES c. LENGTH OF STAY 50 YRS d. FULL NAME OF HOSPITAL OR INSTITUTION 701 N. 7TH

2. USUAL RESIDENCE a. STATE MO b. COUNTY ST. CHARLES c. CITY OR TOWN ST. CHARLES d. STREET ADDRESS 701 N. 7TH

3. NAME OF DECEASED a. (First) FRANK b. (Middle) MATTICKER c. (Last) MATTICKER 4. DATE OF DEATH MAR 22 1955

5. SEX MO 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED 8. DATE OF BIRTH FEB 8 1870 9. AGE 85 1 14

10a. USUAL OCCUPATION WATCHMAN 10b. KIND OF BUSINESS OR INDUSTRY MFG. 11. BIRTHPLACE PORTLAND CALLAWAY Co. MO 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN MATTICKER 13b. MOTHER'S MAIDEN NAME ANNIE THERESA CASPER 14. NAME OF HUSBAND OR WIFE ANNIE ESTELLE MATTICKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? NO 16. SOCIAL SECURITY NO. NONE 488-16-7337 17. INFORMANT'S SIGNATURE OR NAME Evelyn Davis 2011 Houston St. Charles Mo

18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease 1042 ANTECEDENT CAUSES Avteriosclerosis DUE TO (b) IUGUINAL HERNIA II. OTHER SIGNIFICANT CONDITIONS

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY 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 Jan 1, 1954 to March 22, 1955, that I last saw the deceased alive on March 22, 1955, and that death occurred at 4:30 pm., from the causes and on the date stated above.

23a. SIGNATURE William H Poggemier MD 23b. ADDRESS 200 Clay St. Charles Mo 23c. DATE SIGNED Mar 23 1955

24a. BURIAL, CREMATION, REMOVAL BURIAL 24b. DATE MAR 25 1955 24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY 24d. LOCATION ST. CHARLES MO

DATE REC'D BY LOCAL REG. March 23 1955 REGISTRAR'S SIGNATURE 284-2 Bessie Hammett 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. L. Prinster, St. Charles, Mo

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, ~~by~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elmo R. Sadwell*.....

Licensed Embalmer No. *407*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.