

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18301**REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4642**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4642</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2735 A. Gravois Ave</b>				e. STREET ADDRESS (If rural, give location) <b>2735 A. Gravois Ave</b>			
3. NAME OF DECEASED (Type or Print) <b>HENRY</b>		a. (First)		b. (Middle)		c. (Last) <b>MATER</b>	
4. DATE OF DEATH <b>5-11-1956</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>2-3-1893</b>		9. AGE (In years last birthday) <b>63</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Brewery Wkr.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Brewery Wkr.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Anheuser-Busch</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Adolph Mater</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Straub</b>		14. NAME OF HUSBAND OR WIFE <b>Hazel Mater</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>W.W.1</b>		16. SOCIAL SECURITY NO. <b>493-09-1710</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hazel Mater</b> ADDRESS <b>2735 A. Gravois Ave</b>			
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) <b>Cardiac decompensation</b> <b>Chronic Myocarditis</b> DUE TO (b) <b>Chronic Myocarditis</b> <b>Coronary artery heart dis.</b> DUE TO (c) <b>Coronary artery heart disease</b> 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 <input type="checkbox"/> NO <input type="checkbox"/>	
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) <b>4201</b>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>4/5 1956</b> , to <b>5/11</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>5/11</b> , 19 <b>56</b> , and that death occurred at <b>3:42</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>G.C. Kienzle</b>		(Degree or title) _____		23b. ADDRESS <b>7115 S. 46th St. St. Louis</b>		23c. DATE SIGNED <b>5/12/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-15-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks Mo</b>	
DATE REC'D BY LOCAL REG. <b>MAY 14 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mo Biengenheuer</b> ADDRESS <b>6408 Gravois Ave</b>			
(Licensed Embalmer's Statement of Reverse Side)							

P. 300  
0. 48PL 2-7370  
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.....  
Signature of Student Embalmer

Signed.....  
*Lawrence M. Seymour*

Licensed Embalmer No. 434

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.