

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004344

FILED VS FEB 1 1960 317

Primary Registration District No. 541 Registrar's No. 73

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton | | Length of stay in lb HRS | c. CITY OR TOWN Wellston Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 6220 Ridge Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|----------------------------------|---|---|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last Ferdinand C. LeMatty | | | 4. DATE OF DEATH Month Day Year 1 6 60 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6-28-1890 | 9. AGE (last birthday) 69 | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber | | 10b. KIND OF BUSINESS OR INDUSTRY Self Employed | | 11. BIRTHPLACE (City and state or country) Ill. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Franklin LeMatty | | 13b. MOTHER'S MAIDEN NAME Margaret Wiedman | | 14. NAME OF HUSBAND OR WIFE Helen LeMatty | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW #1 | | 16. SOCIAL SECURITY NO. 496-36-4131 | | 17. INFORMANT Address Mrs. Helen LeMatty 6220 Ridge Ave. | | | |

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|---|--|--------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | | 2 hrs | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | 3 Mo. | |
| DUE TO (b) | | ? | |
| DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

| | | | |
|--|---|--|--------------|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. | Month, Day, Year | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |

21. I attended the deceased from **Mar 8 - 59** to **Jan 6 - 60** and last saw her/him alive on **1-5-60**
Death occurred at **9:10 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

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|---|-------------------------------|---|---|-----------------------------------|
| 22a. SIGNATURE (Degree or title) Rev. W. Reilly, M.D. | | 22b. ADDRESS 730 Nodiamont | | 22c. DATE SIGNED 1-7-60 |
| 23a. REMOVAL DATE REMOVAL DATE | 23b. DATE 1-11-1960 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) St. Louis | (State) Missouri |
| 24. FUNERAL DIRECTOR Os. W. Clark F.H. 1125 nodiamont | | 25. DATE RECD. BY LOCAL REG. 1-8-60 | 26. REGISTRAR'S SIGNATURE J. B. Murphy, M.D. | |

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Alfred J. Budikwa
Licensed Embalmer No. 2663

P. O. Address 1125 1/2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con-
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.