. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

35670

State File No. 9970

Registration District No. 218 Primary Registration District No. 1003 Registrar's No.

**1. PLACE OF DEATH:**

(a) County

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2308 Shenandoah Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2308 Shenandoah Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME EMIL MATTER

3. (b) If veteran, name war No

3. (c) Social Security No. 489-10-8580

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Emily Matter

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Sept. (Month) 28th (Day) 1882 (Year)

8. AGE: Years 60 Months 2 Days 0 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Office Manager

11. Industry or business Excelsior Tool & Mach. Co

FATHER
12. Name Emil Matter
13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Susanna
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Emily Matter
(b) Address 2308 Shenandoah, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-42 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Witt Bros. L. & U. Co.
(b) Address 2929 So. Jefferson, St. Louis, Mo

19. (a) NOV 30 1942 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 28th year 1942 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage from laceration of left lung when struck by a Automobile driver by one

Due to Claude Edward Medlock at Jefferson and Shenandoah ave

Due to about 11.50 PM Nov 23 1942

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 170

Of autopsy 21

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 000

(b) Date of occurrence Nov 23 - 42

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? no (e) Means of injury Auto

23. Signature Alfred Weir (M. D. or other)

Address [illegible] Date signed 11/30/42

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Gustav W. Dietrle

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo.

**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.**