

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL					
OMB	3235-				
Number:	0104				
Estimated average					
burden hours pei	٢				
response	0.5				

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)									
1. Name and Address of Reporting Person * Pontone Harry	State (Mor	2. Date of Event Req Statement (Month/Day/Year) -07/11/2005		ing 3. Issuer Name and Ticker or Trading Symbol MATTHEWS INTERNATIONAL CORP [MATW]					
(Last) (First) (Middle 534 UNION STREET	0 // 1	1/2005			elationship of Reporting on(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)		
BROOKLYN, NY 11215				(Check all applicable Director 10% C X Officer (give Other title below) below) President, York Casket			Pacify Filing(Check Applicable Line) _X_Form filed by One Reporting Person		
(City) (State) (Zip)		Tal	ble I - I	Non-Derivative Securities Beneficially Owned					
1.Title of Security (Instr. 4)		Ber		y Owned	3. Ownershi Form: Dir (D) or Indirect (I (Instr. 5)	p O rect (I	wnership	direct Beneficial	
None		0			D				
	to respon	d unless th	ne form	of information n displays a cu 2.g., puts, calls, v	rrently v	alid C	OMB contro	I	
1. Title of Derivative Security	2. Date Ex and Expira	2. Date Exercisable and Expiration Date Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)			5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Expiration Date Title Amount or Number of Shares Derivation Security Amount or Number Security	ity I	Security: Direct (D) or Indirect (I) (Instr. 5)						
Reporting Owners									
Reporting Owner Name / Address		Relation							
1 3	Director 1	ector 10% Owner Officer				Other			
Pontone Harry 534 UNION STREET BROOKLYN, NY 11215			Presid	lent, York Cas	ket Div				

Signatures

Harry Pontone	07/14/2005
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.