

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

7012

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 1170

File No. \_\_\_\_\_

Township Richmond No. 1

Primary Registration District No. 6248H

Registered No. 44

City St. Marys Hosp

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

George Deay Mattis

(a) Residence No. 5621 Cabanne St. \_\_\_\_\_ Ward \_\_\_\_\_

St. Louis Mo.  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

Laura Mattis

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Jan 31 - 1880

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>51</u>	<u>0</u>	<u>9</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Shell Oil  
(b) General nature of industry, business, or establishment in which employed (or employer) Corporation  
(c) Name of employer (Stationer)

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Mo.

**10. NAME OF FATHER**

Jos. Mattis

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) N. Y.

**12. MAIDEN NAME OF MOTHER**

Anna Olyenberger

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Grace Lorain Ark.

**14.**

**INFORMANT**

(Address) Mrs. Laura Mattis  
5621 Cabanne Ave.

**15.**

FILED 2/11 1931 C. L. Jensen  
REGISTRAR

**2. MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Feb. 10. 1931

**17. I HEREBY CERTIFY, That I attended deceased from** Jan 14, 1931, to Feb 10, 1931, that I last saw him alive on Feb 10, 1931, and that death occurred, on the date stated above, at about 1:45 p. m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Hemorrhage  
45A  
103R  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 30 min

**CONTRIBUTORY (SECONDARY)**

Cancer (carcinoma)  
of tongue (duration) several months

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH St. Louis  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no (1)

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) V. G. Wood M. D.  
, 19 \_\_\_\_\_ (Address) 3720 Washington

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Cahery

**DATE OF BURIAL**

2/12 1931

**20. UNDERTAKER**

Mullen and Co

**ADDRESS**

Delmar Blvd.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

