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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

City St. Louis, Mo. (No. 4426 Hunt Ave. St. ..... Ward)

File No. 39691

Registered No. 11908

2. FULL NAME Chara L. Mattingly

(a) Residence, No. 4426 Hunt Ave. St., 18 Ward.
(Usual place of abode)

(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: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15 - 1896

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
34	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. National Canay Co.

10. Date deceased last worked at this occupation (month and year) Nov. 18 - 1931

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville Mo.

FATHER

13. NAME Chas. V. Mattingly.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Mary's Mo.

MOTHER

15. MAIDEN NAME May Zahner.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville - Mo.

17. INFORMANT (ADDRESS) Mrs. May Mattingly 4426 Hunt Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New St. Peter & Paul DATE Nov. 30 1931

19. UNDERTAKER (ADDRESS) Croghan Und. Co. Inc. 7146 Manchester Ave.

20. FILED NOV 28 1931 Max C. Hartley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Found dead Nov. 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from No Physician in Attendance, 19..., to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Kerner, ~~M. D.~~

(Address) Dep. Coroner

11/28/31

N. 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD