

JUL 20 1936

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

791  
1003

Do not use this space.

24639

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis Mo.

Registration District No.....  
Primary Registration District No.....  
City City Hospital.

File No.....  
Registered 6260  
St. .... Ward)

2. FULL NAME Millie Mattera.

(a) Residence, No. 3234 Magazine St. St. 2/ 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) Married  
5A: IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Mattera.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1 1900  
7. AGE YEARS 35 MONTHS 5 DAYS 17 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York.

FATHER 13. NAME James Margarita.  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy.

MOTHER 15. MAIDEN NAME Marie Narcia.  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy.

17. INFORMANT James Mattera. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE June 20, 1936

19. UNDERTAKER (ADDRESS) J.P. Quinn.  
1522 N Grand Bl'vd.

20. FILED UN 19 1936 J.P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19.....  
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:  
Hypostatic Pneumonia Bronchial  
Edema of Lungs  
Abcess of right Kidney - non-traumatic  
Chr. Myocarditis Cause unknown.  
Other contributory causes of importance: 930

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) Harold P. Kuy M. D.  
(Address) Dep. for

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

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.

