

NOV 23 1937

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

38779

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 789  
 (b) Township Wainandy Primary Registration District No. 6033  
 (c) City Pinckney (d) Street No. Dr. Vernon's Hospital Registered No. 2915  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alisha Mattingly.

(a) Residence, No. 1466 Belt Ave. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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 William Mattingly.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4 1901.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
35 16 I 124

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.  
 9. Industry or business in which work was done, as 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) St. Louis Mo.

FATHER 13. NAME John Mreen.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER 15. MAIDEN NAME Violet Massingale.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Violet Lang. (ADDRESS) 1466 Belt Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery Date Oct. 29, 1937

19. FUNERAL DIRECTOR (ADDRESS) J. J. Quinn.  
1522 N. Grand Blv'd.

20. FILED 10-27-37 Eda Beecher  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I first saw him \_\_\_\_\_, 19\_\_\_\_. He died on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 11:58 a.m.  
 The principal cause of death and related causes of importance were as follows:

Automobile accident. Date of onset  
Automobile collision while  
riding as a passenger  
in a private automobile  
on a public highway 10/23/37  
 Other contributory causes of importance:  
fractured skull 10/23/37  
internal injury 10/23/37

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide, accident Date of injury 10/23, 1937  
 Where did injury occur? St. Ferdinand Imp.  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Public Place  
 Manner of injury Auto collision  
 Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_  
 (Signed) John O. Corryell M. D.  
 (Address) Carver, St. Louis

Every item of information should be carefully checked and properly classified. Exact stated occupation is very important.

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STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *D. W. Harris*  
Licensed Embalmer No. *1591*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)