

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38083**
9922
Registrar's No.

DEC 13 1939
Registration District No. **791**

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH: **1008**
(a) County 1
(b) City or town St. Louis
(c) Name of hospital or institution: St. Anthonys Hospital
(d) Length of stay: 3 Hours
In this community 40 Years

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County St. Louis
(c) City or town Lemay Mo.
(d) Street No. 9137 So. Broadway
(e) If foreign born, how long in U. S. A.? 60 Years

3. (a) PRINT FULL NAME Albert Mattler **346**
(b) If veteran, name war No. (c) Social Security No. No.
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Caroline Mattler
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Oct. 12, 1864

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 8
year 1939 hour 5:10 P minute _____ M. _____
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>0</u>	<u>26</u>	hr. _____ min.

Immediate cause of death Fractured Spine
Due to fall (slipped)
Due to Requing Roof of Building
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Germany
10. Usual occupation Retired Merchant
11. Industry or business _____
12. Name Peter Mattler
13. Birthplace Germany
14. Maiden name Unknown
15. Birthplace Germany

PHYSICIAN
Underline the cause to which death should be charged statistically
1864

16. (a) Informant's own signature Caroline Mattler
(b) Address 9137 So. Broadway
17. (a) Burial (b) Date thereof 11/11/39
(c) Place: burial or cremation Mt. Oliv. Cem
18. (a) Signature of funeral director Hondler Ind. Company
(b) Address 7420 Michigan Ave
19. **NOV 21 1939** (Date received local registrar)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Nov 8 1939
(c) Where did injury occur? St. Louis Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
Means of injury fall
23. Signature _____ (M. D. or other)
Address 1194 S. Grand Date signed 11.9.39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 6-17-39

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Wilson Collins

Licensed Embalmer No. 3887

P. O. Address St Louis Mo

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

If this body is not embalmed, above space should be left blank.