

S. No. 2
-11-10-39
5-17-39
I X21

MAY 15 1940

791

Primary Registration District No. _____

1003

Registrar's No. 3228

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4428 So. 37th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Pierre Mattler 346

8. (b) If veteran, name war None 3. (c) Social Security No. 492-03924

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Virginia Mattler 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased April 24 1909
(Month) (Day) (Year)

8. AGE: Years 30 Months 11 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace France
(City, town, or county) (State or foreign country)

10. Usual occupation Heating Engineer

11. Industry or business Heating & Ventilating Co.

12. Name Peter Mattler

13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name Maria Leangenstein
(City, town, or county) (State or foreign country)

15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Virginia Mattler

(b) Address 4428 So. 37th St.

17. (a) Burial (b) Date thereof 4-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway

19. (a) APR 8 1940 (b) J. F. Budich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limit, write "RURAL")
(d) Street No. 4428 So. 37th St. 15
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
year 1940 hour 11:30 minute _____ A.M. M.

21. I hereby certify that I attended the deceased from April 15 1940
37 to April 6 1940

that I last saw him alive on April 6 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease
(mitral and aortic valve disease)

Due to Infection - with endocarditis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Robert G. Mauer (Specify type of place) _____ (e) Means of injury _____

23. Signature Paul Brown Bell (M. D. or other) _____
Address 1115 Paul Brown Bell Date signed Apr 8 40

Duration about 70 yrs
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. Robert Warner
Paul Brown Bldg.

Robt Warner
Paul Brown Bldg
Ch. 4949

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 *Edwin M. Dermott*

Licensed Embalmer No. 3024

P. O. Address.....

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.