V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

JUN 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

1003

State File No. 16732

Registration District No. 791

Primary Registration District No.

Registrar's No. 4210

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4110a N. Florissant Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether

In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town St. Louis 9
(If outside city or town limits write "RURAL")

(d) Street No. 4110a N. Florissant
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Annie Rachel Mattmann 355

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Mattmann

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb. (Month) 26 (Day) 1875 (Year)

8. AGE: Years 65 Months 2 Days 12 If less than one day hr. min.

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

10. Usual occupation House-wife 7

11. Industry or business 7

FATHER
12. Name Phillip Weber
13. Birthplace Alsac France (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Art
15. Birthplace (City, town, or county) France (State or foreign country)

16. (a) Informant John Mattmann
(b) Address 4110a N. Florissant

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 13 (Day) 40 (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W. A. Stock
(b) Address 2117 E. Grand

19. (a) MAY 11 1940 (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 8
year 1940 hour 5 minute 0 P.M.

21. I hereby certify that I attended the deceased from MAY 1-40, 19 to MAY 8, 1940, that I last saw her alive on MAY 8, 1940 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death CORONARY-OCCLUSION | 1 WK |
| Due to | |
| Due to CORONARY SCLEROSIS | 1939 |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. F. J. Mueller (M.D. or other) WD
Address 4114 W. FLORISSANT Date signed 5/9/40

(Licensed Embalmer's Statement on Reverse Side)

## 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 Frank C. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Strand

**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.**