

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.

REG. DIST. NO. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution St. John Hospital
(d) Length of stay: In hospital or institution 2 hrs.
In this community 252 years, months or days

3. (a) PRINT FULL NAME John Mattingly
3. (b) If veteran, name war _____
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 3, 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>9 hr. 45 min.</u>

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Sylvester J. Mattingly
13. Birthplace Berryville, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Infancia Loan
15. Birthplace Farm, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sylvester J. Mattingly
(b) Address St. Marys Park

17. (a) Burial (b) Date thereof July 5, 1940
(Special, cremation, Sarcophagus) (Month) (Day) (Year)
(c) Place: Berryville, Hope Cemetery
burial or cremation

18. (a) Signature of funeral director Fredman Havel
(b) Address 1905 Union

19. (a) JUL 5 1940 (b) J. F. Fredrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Berryville
(c) City or town St. Marys Rural
(d) Street No. R. 2, D. #1.
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day _____ year 1940 hour 6:30 minute _____ M.
21. I hereby certify that I attended the deceased from July 3, 1940, to July 4, 1940;
that I last saw him alive on July 4, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (7 months) Duration _____
Due to Immaturity

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

While at work _____ (Specify type of place) (a) Means of injury _____
23. Signature J. M. Jordan (M. D. or other) _____
Address Berryville Date signed 7/5/40

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.....

Licensed Embalmer No.....

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.