

FILED SEP 26 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32403

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 163

## 1. PLACE OF DEATH:

(a) County St. Charles  
 (b) City or town St. Charles, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
324 Clay Street  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 (Specify whether  
 In this community 1 years, months or days) (Specify whether

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles  
 (c) City or town St. Charles  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 324 Clay Street  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country A

3. (a) PRINT FULL NAME Leonard O Mattie3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
 6. (b) Name of husband or wife Mary (Buskemper) Mattie 6. (c) Age of husband or wife if alive 58 years  
 7. Birth date of deceased July 27 1875  
 (Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 29 If less than one day hr. min.9. Birthplace Clinton Hill, Mo. (City, town, or county) (State or foreign country)10. Usual occupation Fireman11. Industry or business American Car & Foundry Co.12. Name Bernard Mattie13. Birthplace Unknown - Germany (City, town, or county) (State or foreign country)14. Maiden name Josephine Kahlhoff15. Birthplace Unknown - Germany (City, town, or county) (State or foreign country)16. (a) Informant Lylester Mattie(b) Address 709 S. Eighth - St. Charles, Mo.17. (a) Burial (b) Date thereof Aug. 29 - 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Peter's Cem. St. Charles, Mo.18. (a) Signature of funeral director H. C. Dallmeyer & Sons, Co.(b) Address 800 N. Second, St. Charles, Mo.19. (a) 8-27-41 (b) Clarence K. Hessler  
 (Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26  
 year 1941 hour 10 minute 35 A. M.21. I hereby certify that I attended the deceased from July 28 1941, to August 26 1941;  
 that I last saw him alive on August 26 1941;  
 and that death occurred on the date and hour stated above.Immediate cause of death Apoplexy (cerebral) Duration 8/23/41Due to 830Other conditions generalized arteriosclerosis 59?  
 (include pregnancy within 3 months of death)Major findings: Of operations — PHYSICIAN —Of autopsy — Underline the cause to which death should be charged statistically.22. If death was due to external causes, fill in the following: No(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? —While at work? (Specify type of place) (e) Means of injury —23. Signature George E. Kiste (M. D. or other) P. M. D.Address St. Charles, Mo. Date signed 8/27/41

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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

*John E. Dallmeyer*

Licensed Embalmer No. *2951*

P. O. Address *St Charles 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, fact should be so stated above.**