. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 599

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No.

Registrar's No. 624

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: DePaul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 35 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 100

(a) State Missouri (b) County 20

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

(d) Street No. 3832 Parnell St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph Mattes

3. (b) If veteran, name war None

3. (c) Social Security No. 494-10-9980

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary Mattes nee Gabriel

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased November 30, 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	1	18	hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Packing house employee

11. Industry or business

FATHER
12. Name Christian Mattes
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mary Mattes
(b) Address 7144 Roslyn Dr. Jennings Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/42 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JAN 20 1942 (Date received local registrar) (b) J. F. Beedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18th year 1942 hour 9:00 AM minute M.

21. I hereby certify that I attended the deceased from Oct. 17, 1941, to January 18, 1942 that I last saw him alive on January 18, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic Carcinoma	6 mos.
Due to Carcinoma of the liver	1 yr.
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? (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 Arthur Sindlman (M. D. or other) M.D.
Address 2202 University St. Date signed 1-19-42

(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 William G. Burkholz

Licensed Embalmer No. 2110

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, fact should be so stated above.