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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1942

Registration District No. 184

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15525

Primary Registration District No. 200

Registrar's No. 855

1. PLACE OF DEATH:

(a) County St. Louis, Cty. Missouri

(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mother of Good Counsel Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year 2 months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2037 Sidney St. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Matilda Mette

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe-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 October (Month) 19th (Day) 1861 (Year)

8. AGE: Years 80 Months 5 Days 27 If less than one day hr. min.

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

10. Usual occupation House-work

11. Industry or business At Home

FATHER
12. Name Ludwig Mette
13. Birthplace (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant Mrs Aug. Sommer
(b) Address 3863 Utah Cl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cemetery

18. (a) Signature of funeral director Wm. J. Robert
(b) Address 1905 S. Grand Blvd.

19. (a) APR 17 1942 (Date received local registrar) (b) S. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th year 1942 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from 3/26/42, 19 to 4/16/42, 19 that I last saw her alive on 4/16/42, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Haemorrhage	23 days
Due to Arterio-Sclerosis and Chronic Myocardial	
Due to Disease	5 years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93d	
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 Paul B. Webb (M. D. or other) MD
Address 1920 Sidney St Date signed 4/17/42

(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 Howard Rowland

Licensed Embalmer No. 3114

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.