

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3487  
Registrar's No. 23

Registration District No. 284 Primary Registration District No. 117

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Webster Groves, Mo.  
(c) Name of hospital or institution:  
602 Tuxedo Ave.  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 96  
(a) State Missouri (b) County ?  
(c) City or town Webster Groves, Mo.  
(d) Street No. 602 Tuxedo Ave.  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William A. Mattox  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 3  
year 1943 hour 12.01 A. M. minute \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, widowed 2 divorced Widowed  
6. (b) Name of husband or wife Mary Jane Mattox  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 21, 1864

21. I hereby certify that I attended the deceased from July 1  
1942 to Jan 3-5 1943;  
that I last saw him alive on Jan 17 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
78 10 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Nil  
11. Industry or business \_\_\_\_\_  
12. Name Samuel Mattox  
13. Birthplace Unknown  
14. Maiden name Murphey  
15. Birthplace Unknown

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy nat  
Underline the cause to which death should be charged statistically.

16. (a) Informant William A. Mattox Jr.  
(b) Address 602 Tuxedo Ave. Webster Groves,  
17. (a) Burial (b) Date thereof 1/6/43  
(c) Place: burial or cremation Litchfield, Ill.  
18. (a) Signature of funeral director Edith E. Ambruster  
(b) Address 4234 Manchester  
19. (a) JAN 5 - 1943 (b) E. Mc Gowan

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) (e) Means of injury \_\_\_\_\_  
23. Signature W. W. Kellert (M. D. or other) \_\_\_\_\_  
Address 2739 N. Grand Ave Date signed 1-4-43

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

76  
7  
4

767

JAN 27 1943

JAN 27 1943

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..... *Thomas Eynock* .....  
Licensed Embalmer No..... *1284* .....  
P. O. Address..... *So. Louisiana* .....

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.