

FILED JUN 25 1943 318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5540

1. PLACE OF DEATH:

(a) County St Louis Missouri
(b) City or town St Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 6 Years
(Specify whether
In this community 34 Years
years, months or days)

3. (a) PRINT FULL NAME Mary L. Mattingly

3. (b) If veteran, name war No
3. (c) Social Security No

4. Sex Female / race White /
5. Color or race White /
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jesse Mattingly
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased 2-25-1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 20
If less than one day hr. min.

9. Birthplace Perry Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER {
12. Name Ferdinand Chauvaux
13. Birthplace France 5
(City, town, or county) (State or foreign country)
14. Maiden name Cecelia Layton
15. Birthplace Perry Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Mattingly
(b) Address 907a Benton St

17. (a) Burial (b) Date thereof 6 18 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave

19. (a) J. F. Bruseck (b) J. F. Bruseck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 00013
(c) City or town St Louis Mo. 19
(If outside city or town limits, write "RURAL") 9-26
(d) Street No. 907a Benton St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 15
year 43 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from
, 19 to , 19
that I last saw him alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis
Senility

Due to 97
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Thomas F. Callahan
Address Deputy Coroner Date signed 6-17-43

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

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..... *G. W. Wilkinson*
Licensed Embalmer No..... *3575*

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, fact should be so stated above.