. S. No. 2
0M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25937

State File No.

FILED AUG 24 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7199

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 4135 Donovan Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thomas A. Mattingly

3. (b) If veteran, name war

3. (c) Social Security No. 494-05-0307

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mittie B.

(c) Age of husband or wife if alive 70 years

7. Birth date of deceased March 9th, 1875 (Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 7 If less than one day hr. min.

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

10. Usual occupation Stock Clerk

11. Industry or business J. C. Penny Co.

FATHER
12. Name John H. Mattingly
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emoline Mattingly
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Estill D. Mattingly
(b) Address 4255A DeSoto Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 17th, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation #### Cloverport, Ken.

18. (a) Signature of funeral director Kraeger-Voss-
(b) Address 3402 N. Kingshighway

19. (a) AUG 17 1945 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16th year 1945 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 31, 1945, to Aug 16, 1945; that I last saw him alive on Aug 16, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	1 day
Due to pyelonephritis (Bilateral)	1 year
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? Means of injury

23. Signature Joseph E. Glenn (M. D.)
Address 958 Arcade Bldg Date signed Aug 17/45

(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 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.