7. S. No. 2
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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

State File No. 22004

FILED JUN 20 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5160

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: St. Ann's Home - 5301 Page (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: (Specify whether years, months or days) In this community: 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 099

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 617

(d) Street No.: 5301 Page Blvd. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 3

If yes, name country:

3. (a) PRINT FULL NAME: Sister Mary Mattingly

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: F. 1

5. Color or race: W.

6. (a) Single, widowed, married, divorced: S. 8

6. (b) Name of husband or wife:

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

7. Birth date of deceased: August 21st., 1866 (Month) (Day) (Year)

8. AGE: Years 79 | Months 9 | Days 18 | If less than one day: hr. min.

9. Birthplace: Cumberland (City, town, or county) Md. (State or foreign country) 1

10. Usual occupation: Religious

11. Industry or business:

MOTHER FATHER

12. Name: Unknown

13. Birthplace: (City, town, or county) Unknown (State or foreign country) 9

14. Maiden name: Unknown

15. Birthplace: (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant: Sister Louise

(b) Address: 5301 Page Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: Arthur J. Donnelly

(b) Address: 3840 Lindell Blvd.

19. (a) JUN 10 1946 (Date received local registrar) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th., year 1946 hour 7 minute 55 P. M.

21. I hereby certify that I attended the deceased from 19 45, to June 9 19 46 that I last saw him alive on June 4 19 46 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	1 yr
Due to: Cardiovascular Renal disease	4 yrs
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: 0

23. Signature: [illegible] (M. D. or other)

Address: 4452 Maryland Date signed 6-10-46

(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 W.H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.