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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 7 1947**  
Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. 3063

41857  
State File No. \_\_\_\_\_  
Registrar's No. 3664

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Johns  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3365-Brown Road  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Allen W. Mattox  
3. (b) If veteran, name war None  
3. (c) Social Security No. 490-14-5440

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Bessie  
6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased: March 23 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 9 0 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Fulton Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Watchman

11. Industry or business Baird & McGuire

MOTHER FATHER  
12. Name Thomas Mattox  
13. Birthplace Va.  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Davis  
15. Birthplace Readville Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Mattox  
(b) Address 3365-Brown Rd-Overland-21-Mo  
17. (a) Burial (b) Date thereof 12-23-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Samuel Brown  
(b) Address 2504-Woodson Rd-Overland, Mo  
19. (a) 12-21-46 (b) Allen W. Mattox  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 23  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ 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 cerebral concussion  
& numerous broken ribs when  
struck by automobile - pedestrian

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

Major findings:  
Of operations \_\_\_\_\_  
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) Accident  
(b) Date of occurrence Dec. 23, 1946  
(c) Where did injury occur? St. Louis County, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Road.

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury Blunt imp-act  
23. Signature Arnold J. Willmann (M.D. or other) Coroner  
Address Clayton, Mo. Date signed 12/24/46

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

JAN 29 1927

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 *Harold K. Braun*

Licensed Embalmer No. *4337*

P. O. Address *Coverland, Va*

**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.**