No. 2
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5-17-39
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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. 22017

FILED JUL 31 1947

Registration District No. ____ Primary Registration District No. 6075 Registrar's No. 211

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington, RURAL, St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 11 mos. 23 das. (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. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown S
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMMA MATTFELDT
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 19 (Day) 1876 (Year)
8. AGE: Years 71 Months 4 Days 5 If less than one day hr. min.
9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House work
11. Industry or business
FATHER 12. Name AUGUST D. MATTFELDT
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name ANNA D. WEHLING
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem., St. Louis, Mo.
18. (a) Signature of funeral director Craig Funeral Home
(b) Address St. Louis, Missouri
19. (a) 6-25-47 (Date received local registrar) (b) Esther Rudolph (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24, year 1947 hour 9 minute 00 A. M.
21. I hereby certify that I attended the deceased from June 1, 1945, 19__, to May 24, 1947, 19__; that I last saw her alive on May 24, 1947, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Thrombosis of Femoral artery	6 wks
Due to	
Due to Cerebral arteriosclerosis	4 yrs
Other conditions (Include pregnancy within 3 months of death) Psychosis Mat.	
Major findings: Of operations	
Of autopsy No 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

23. Signature Ernest T. Hooton (M. D. or other)
Address Farmington - Mo. Date signed 5/24/47

(Licensed Embalmer's Statement on Reverse Side)

OCT 3 1947

RECEIVED
District Health Officer No. 4
District File Number 647-884
Date Filed 6-30-47

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 Bert J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, N.M.

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.