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

via motor

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 32792

Registrar's No. 9055

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Firmin Desloge 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 Jennings
(If outside city or town limits, write "RURAL")

(d) Street No. 7018 Manette Dr.
(If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Laura Virginia Mattingly

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife William C. Mattingly

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

7. Birth date of deceased Sept. (Month) 6 (Day) 1869 (Year)

8. AGE: Years 78 Months 0 Days 22 If less than one day hr. min.

9. Birthplace Perryville, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name James J. Moore
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Charlotte Duvall
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. Bernard J. Rankin

(b) Address 7018 Manette Dr.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9/29/47 (Month) (Day) (Year)

(c) Place: burial or cremation Perryville, Missouri

18. (a) Signature of funeral director Drehmann-Harral.

(b) Address 1905 Union Blvd.

19. (a) SEP 29 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28th year 1947 hour 7:30 minute P.M.

21. I hereby certify that I attended the deceased from Oct. 13 1945 to Sept. 28 1947 and that I last saw her alive on Sept. 28 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	3 days
Due to: Arteriosclerotic CVR disease	Uncertain
Due to:	
Other conditions (Include pregnancy within 3 months of death): Vitamin B Deficiency	Uncertain

Major findings:
Of operations None
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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)

(e) While at work? (e) Means of injury

23. Signature Henry E. Oppenheimer (M. D. or other) MD

Address 3720 Washington Ave Date signed 9-29-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Henry Oppenheimer (1-5)
3720 Washington

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 Albert R. Thompson Jr

Licensed Embalmer No. 42037

P. O. Address St Louis

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.