

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36800

Registrar's No. 2269

FILED OCT 29 1947

Registration District No. 17

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County... St. Louis,  
(b) City or town... Jefferson Barracks,  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(d) Length of stay: In hospital or institution... 14 days  
In this community... 61 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County...  
(c) City or town... St. Louis  
(d) Street No. 3627a Arkansas  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME... MATTERN, Edward Andrew  
3. (b) If veteran, name war... WW-1  
3. (c) Social Security No. 488.09.0366

4. Sex... Male  
5. Color or race... White  
6. (a) Single, widowed, married, divorced... Married  
6. (b) Name of husband or wife... Clara  
6. (c) Age of husband or wife if alive... 61 years  
7. Birth date of deceased... August 13, 1886

8. AGE: Table with columns for Years, Months, Days, and If less than one day. Values: 61, 2, 12.

9. Birthplace... St. Louis, Missouri

10. Usual occupation... House Painter

11. Industry or business...

12. Name... Christian Mattern  
13. Birthplace... Unknown, Germany  
14. Maiden name... Dora Tisckhauser  
15. Birthplace... Unknown, Iowa

16. (a) Informant... Registrar  
(b) Address... VAH Jeff Brks, Mo.

17. (a) Burial  
(b) Date thereof... 10/28/47  
(c) Place: burial or cremation... Memorial Park Cemetery

18. (a) Signature of funeral director...  
(b) Address... 3634 Gravops Ave. St. Louis

19. (a) Date received local registrar... 10-28-47  
(b) Registrar's signature...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... October... day... 25  
year... 1947... hour... 8:55 AM... minute... M.

21. I hereby certify that I attended the deceased from... Oct. 11, 1947... to... Oct. 25, 1947...  
that I last saw him... alive on... Oct. 25, 1947...  
and that death occurred on the date and hour stated above.

Immediate cause of death...  
Metastatic Carcinoma of Penis  
Cont Cause: Bilateral Renal Atrophy  
due to vascular compression  
with uremia

Due to... 512  
Other conditions...  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations... none  
Of autopsy... See above

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?  
Signature... P. E. Stilwell, MD  
Address... VAH Jeff Brks, Mo  
Date signed... 10/25/47

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

OCT 21 1942

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 Frank J. Hyland  
Licensed Embalmer No. 2645  
P. O. Address St Louis Mo

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.