

No. 300  
10-47  
5-17-39  
P I 3908

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED MAR 15 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **6747**  
**2263**  
Registrar's No. \_\_\_\_\_

Registration District No. **318** Primary Registration District No. **1003**

**1. PLACE OF DEATH:**  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5451 Geraldine Ave.  
(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)

3. (a) PRINT FULL NAME James E. Mattimoe.  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Catherine Martin Mattimoe 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased September 5 1866  
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Toledo Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Railroad

12. Name ? Mattimoe

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Mattimoe

(b) Address 5451 Geraldine Ave.

17. (a) Burial (b) Date thereof 3/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll  
(b) Address 4600 Natural Bridge Ave.

19. (a) MAR 5 1948 (Date received local registrar) J. F. Brodeck (Registrar's signature)

**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. 5451 Geraldine Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 4  
year 1948 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 4, 1948 to March 4, 1948  
that I last saw him alive on March 4, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Ch myocardi

Due to Interstital Flu

Other conditions (Include pregnancy within 3 months of death) 92

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. H. ... (M. D. or other) W. H. ...  
Address 2342 St. Louis Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**