

S. No. 2
1-1/47
5-17-39

#11221
FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **114422**
Registrar's No. **4036**

FILED MAY 7 1948

Registration District No. **318**

Primary Registration District No. **1003**

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

2. USUAL RESIDENCE OF DECEASED:
(a) State..... **Mo.** (b) County.....
(c) City or town..... **St. Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **1301 N Market St.**
Memorial 26 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country:.....

3. (a) PRINT FULL NAME..... **JESSE MATTINGLY**
3. (b) If veteran, name war..... **no** 3. (c) Social Security No. **no**
4. Sex..... **Male** 5. Color or race..... **White**
6. (a) Single, widowed, married, divorced..... **Widowed**
6. (b) Name of husband or wife..... **Mary L. Mattingly.**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... **10 14 1869**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... **April** day..... **26th**
year..... **1948** hour..... **1** minute..... **55 P.M.**
21. I hereby certify that I attended the deceased from **4/20/48**
..... 19..... to..... **April 26th** 19..... **48**
that I last saw him alive on..... **April 26th** 19..... **48**
and that death occurred on the date and hour stated above.
Duration
Immediate cause of death..... **Mediastinal aden-tubercular** **3 days**

8. AGE: Years Months Days If less than one day
78 **6** **12** hr. min.

Due to.....
Due to.....
Other conditions..... **arteriosclerosis HT. D's.** **? years**
(Include pregnancy within 8 months of death)

9. Birthplace..... **Perry County Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation..... **nil**

PHYSICIAN
Major findings:
Of operations.....
Of autopsy..... **same**
Underline the cause of which death should be charged statistically.

11. Industry or business.....
12. Name..... **Louis Mattingly**
13. Birthplace..... **unknown Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Theresa Dean.**
15. Birthplace..... **Unknown?**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mr. Willie Mattingly.**
(b) Address..... **5237 Hodiament Ave.**
17. (a) **Burial** (b) Date thereof..... **4-30-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Calvary Cemetery**
18. (a) Signature of funeral director..... **Goodhart & Goodhart**
(b) Address..... **2228 St. Louis Ave.**
19. (a) **APR 29 1948** (b) **J. J. Braddock**
(Date received) (Registrar's signature)

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..... **J. J. Braddock** (M.D. or other) **4/26/48**
Address..... **1515 Lafayette** Date signed.....

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

MOTHER FATHER

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 _____

working under my personal supervision. _____ Registered Apprentice No. _____

Signed *John S. Penneby*
Licensed Embalmer No. *4194*
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.