

Registration District No. 318 Primary Registration District No.

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution:
Enroute to City Hospital 3
(d) Length of stay: In hospital or institution
In this community years, months or days A.

3: (a) PRINT FULL NAME Gustave ~~Sto~~ Mattson
3: (b) If veteran, name war None
3: (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 2

6: (b) Name of husband or wife
6: (c) Age of husband or wife if alive years
7. Birth date of deceased January 8 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 4 24 hr. min.

9. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

10. Usual occupation Casket Maker

11. Industry or business Retired

12. Name Mattson

13. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

14. Maiden name Christian Oslan

15. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

16: (a) Informant Hilda J. Mikkelsen

(b) Address Eden, Montana

17: (a) Burial (b) Date thereof 6/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18: (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19: (a) JUN 3 1948 (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(d) Street No. 3221 Harper 9
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 1
year 1948 hour 9 minute 39 A.M.
21. I hereby certify that I attended the deceased from
that I last saw h. alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
Aneurysm of heart;
Ruptured heart
Due to Coronary Occlusion
Other conditions
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature of physician
Address 1300 Clark
Date signed 6-13-48

Woman

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 Mayfield

Licensed Embalmer No. 3077

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.