

S. No. 300
V. 10.48

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11392

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069** Registrar's No. **708**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Co.		b. COUNTY _____	
c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hosp.		d. STREET ADDRESS (If rural, give location) 3739 Meramec	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) H c. (Last) Mattingly			4. DATE OF DEATH (Month) (Day) (Year) 3-17-1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Sing	8. DATE OF BIRTH 12-18-1896	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 3 IF UNDER 48 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) St. Louis Mo	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME J.O. Mattingly		13b. MOTHER'S MAIDEN NAME Celina Chartrand		14. NAME OF HUSBAND OR WIFE None	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lorraine Dow ADDRESS 3739 Meramec	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 4 mo.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atrophic hemangioblastoma of the cerebellum		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Postoperative respiratory paralysis						193X	

19a. DATE OF OPERATION 3-13-50		19b. MAJOR FINDINGS OF OPERATION as above				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from **Nov 15, 1949**, to **March 17, 1950**, that I last saw the deceased alive on **March 17, 1950**, and that death occurred at **7:45 a.m.**, from the causes and on the date stated above.

22a. SIGNATURE Jessie B. Quincy Jr (Degree or title) MD		22b. ADDRESS 3720 Washington Blvd		22c. DATE SIGNED 3-18-50	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/20-1950		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem		23d. LOCATION (City, town, or county) (State) St. Louis Mo.	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 18 1950 Herbert R. Blonke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WINGBERMUEHLE 3819 S. GRAND BLVD	
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(Licensed Embalmer's Statement on Reverse Side)

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

338 Bonhomme Bldg.
3720 Washington Blvd
1200

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.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *George Vandermieule*
Licensed Embalmer No. *4611*
P. O. Address *A. Louis Ws.*

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.