S. No. 300
V. 10.48

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11508

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 600

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS
c. LENGTH OF STAY (in this place): 34days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET.ADM.HOSPITAL,JEFF.BRKS,MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST.LOUIS 2249
d. STREET ADDRESS (If rural, give location): 2803 KEOKUK ST.,

3. NAME OF DECEASED (Type or Print)
a. (First): EARL
b. (Middle): J.
c. (Last): MATTESON

4. DATE OF DEATH (Month) (Day) (Year): MARCH 5, 1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 10-17-84
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 4, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): EQUITY, KANSAS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN MATTESON
13b. MOTHER'S MAIDEN NAME: JOSEPHINE JOHNSON
14. NAME OF HUSBAND OR WIFE: ---------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): 11/07 - 6/30/34
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: VA HOSPITAL RECORDS,JEFF.BRKS,MO.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY TUBERCULOSIS — INTERVAL BETWEEN ONSET AND DEATH

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.
002X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
002X
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I/NA attended the deceased from* 1-31-50, *19*___, *to* 3-5-50, *19*___, ~~*that I last saw the deceased alive on* ___ *19*___~~ *and that death occurred at* 1:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L.E. Stilwell M.D.
23b. ADDRESS: VA HOSPITAL,JEFF.BRKS,MO.
23c. DATE SIGNED: 3-6-50

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 5
24b. DATE: MARCH 8-50
24c. NAME OF CEMETERY OR CREMATORY: GRENOLA, KANSAS
24d. LOCATION (City, town, or county) (State): GRENOLA KANSAS

DATE REC'D BY LOCAL: MAR 7 1950
REGISTRAR'S SIGNATURE: Herbert R. Domke
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: HOFFMEISTER U&L Co.,St.Louis,Mo. for [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 T Broadway

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.