

FILED NOV 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35770

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2553

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lemay 23</u>		c. LENGTH OF STAY (in this place) <u>8</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brown Lemay</u>		d. STREET ADDRESS (If rural, give location) <u>9137 So. Broadway</u>	
3. NAME OF DECEASED (Type or Print) <u>Caroline</u>				a. (First) <u>Caroline</u>		b. (Middle) <u>Mattler</u>	
4. DATE OF DEATH <u>Oct. 20, 1950</u>				c. (Last) <u>Mattler</u>		5. SEX <u>female</u>	
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>3-27-1867</u>		9. AGE (In years last birthday) <u>83</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Europe</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>? Weinacht</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Joe Mattler, 9133 So. Broadway</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Mattler, 9133 So. Broadway</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-Renal-Vascular Syndrome</u> DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) <u>442 X</u>		21. HOW DID INJURY OCCUR	
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"/>		21. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Oct 1, 1950</u> to <u>Oct 20, 1950</u> , that I last saw the deceased alive on <u>Oct 20, 1950</u> , and that death occurred at <u>2 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Gene Tompkins</u>				23b. ADDRESS <u>M.D.O. 7619 Hwy</u>		23c. DATE SIGNED <u>Oct 21, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-24-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Lemay 23, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-22-50</u>		REGISTRAR'S SIGNATURE <u>Edwender M.D./m</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fendler Und. Co., 7420 Michigan</u>			

(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 *John Allen Davis, Jr.*
Licensed Embalmer No. *4053*

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.