

No. 300
10.48

FILED DEC 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44682

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 3137

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (In this place) 9-days	c. CITY OR TOWN Richmond Heights		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			e. STREET ADDRESS (If rural, give location) 7335 Bruno Ave.		

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) W. c. (Last) Mattingly			4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1953		
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH June 19, 1878		9. AGE (In years (last birthday)) 75	10 UNDER 1 YEAR 5 Months	10 OVER 1 YEAR 20 Days	10 UNDER 1 HR. Hours	10 OVER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance-Nat'l. Ind.		10b. KIND OF BUSINESS OR INDUSTRY V.P.	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William Mattingly		13b. MOTHER'S MAIDEN NAME Annie Mudd		14. NAME OF HUSBAND OR WIFE Mrs. Zoe Mattingly	
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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) no		16. SOCIAL SECURITY NO. not known	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Zoe Mattingly, 7335 Bruno Ave.		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Uremia		Nephrosclerosis		2 wks
		ANTECEDENT CAUSES		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		?
		DUE TO (b) Atherosclerosis		DUE TO (c) Atherosclerosis		?
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 446x			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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 11-20 1953 to 12-7, 1953 and that death occurred at 12 noon, from the causes and on the date stated above.

23a. SIGNATURE E. New Shroeder		(Degree of title) M.D.		23b. ADDRESS 3710 Washington		23c. DATE SIGNED 12/8/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 10, 1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. 12-8-53	REGISTRAR'S SIGNATURE Herbert R. Donk		FEDERAL DIRECTOR'S SIGNATURE H. Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.	
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52 (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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Francis Williamson*

Licensed Embalmer No. *356*

P. O. Address..... *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.