

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35696**  
9621

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY OR TOWN <b>Saint Louis</b>		c. CITY OR TOWN <b>Crystal City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <b>204 Brierton Lane</b> <i>0.501</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>4711 Genevieve Avenue,</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>HERBERT</b>	b. (Middle) <b>JAMES</b>	c. (Last) <b>MATTINGLY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>October 21st, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 7th, 1918</b>	9. AGE (In years last birthday) <b>36</b>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cost Accountant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Pittsburg Glass Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>William F. Mattingly</b>	13b. MOTHER'S MAIDEN NAME <b>Anna L. Wissmann</b>	14. NAME OF HUSBAND OR WIFE <b>Sydney Mattingly nee Davis</b>
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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) <b>Yes World War #2</b>	16. SOCIAL SECURITY NO. <b>488-16-7927</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Sydney Mattingly, 204 Brierton Lane,</b>	ADDRESS <b>Crystal City, Missouri</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b> DUE TO (c) _____		
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	20. AUTOPSY? YES <input checked="" 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? <b>4201</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:47** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph M. Smith</b>	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>10/23/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal - Motor</b>	24b. DATE <b>10/25/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Roselawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Crystal City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>OCT 23 1954</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith - m d</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>CALVIN F. FEUTY</b>	ADDRESS <b>4828 Natural Bridge Blvd., FURNERAL HOME, INC., St. Louis, 15, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *Reynolds C. Zander*

Licensed Embalmer No. *42*

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.