

REV OCT 14 1931
Registration District No. 1003

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 1443a Pendleton Hospital
(d) Length of stay: 12 years
In this community 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 1443 a N. Pendleton Ave.
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Mattie E. Murft

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife David Murft 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 11, 1869

8. AGE: 70 Years 3 Months 28 Days If less than one day _____ hr. _____ min.

9. Birthplace Natchez Mississippi

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Holliday

13. Birthplace Natchez Mississippi

14. Maiden name Eliza Collins

15. Birthplace Natchez Mississippi

16. (a) Informant's own signature Elizabeth H. ...

(b) Address 1443a Pendleton Ave

17. (a) Burial (b) Date thereof 9/12/39

(c) Place: burial or cremation St. Peters Cem

18. (a) Signature of funeral director Charles J. ...

(b) Address 4107 Finney Avenue

19. (c) SEP 11 1939 (b) J. F. Bradeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19th year 1939 hour 6 minutes 55A M.

21. I hereby certify that I attended the deceased from August 31st, 1939, to Sept. 19th, 1939, that I last saw her alive on Sept 19th, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Broncho Pnuemonia

Due to Chronic Myocarditis

Due to Chronic Nephritis

Other conditions Heart & Kidney disease

Major findings: Of operations _____

Of autopsy 131

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature J. W. ... (M. D. or other) _____
Address 4350 Easton Date signed _____

Duration

abt. 2 wks

unk.

PHYSICIAN

Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

James A. Johnson

Registered Apprentice No.

working under my personal supervision.

Signed *Wm. A. Finney*

Licensed Embalmer No. 2522

P. O. Address. 4107 Finney Avenue

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, above space should be left blank.