

Registration District No. 791Primary Registration District No. 1003

Registrar's No.

1160

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Homer G Phillips Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 28 days  
 (Specify whether  
Unknown (years, months or days)  
 In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Mattie Peoples Squires

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

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced, married  
 6. (b) Name of husband or wife Robert Peoples 6. (c) Age of husband or wife if alive 60 years  
 7. Birth date of deceased Dec 24th 1893  
 (Month) (Day) (Year)

8. AGE: Years 41 Months 1 Days 7 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bolivar Tenn  
(City, town, or county) (State or foreign country)10. Usual occupation cook

11. Industry or business \_\_\_\_\_

12. Name Sam Moore13. Birthplace Bolivar Tenn  
(City, town, or county) (State or foreign country)14. Maiden name Almelia Johnson  
(City, town, or county) (State or foreign country)15. Birthplace Bolivar Tenn  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Rosie Moore(b) Address 4049a West Bell Pl17. (a) Burial (b) Date thereof 2/5/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Park18. (a) Signature of funeral director I. H. Handle & Son(b) Address 3133 Bell Avenue19. (a) FEB 5 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St Louis  
 (If outside city or town limits, write "RURAL") 19  
 (d) Street No. 3950 Lindell  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31  
year 1940 hour 2:45 minute \_\_\_\_\_ A. M.21. I hereby certify that I attended the deceased from  
December 4, 1939 to January 31, 1940;  
that I last saw her alive on January 31, 1940;  
and that death occurred on the date and hour stated above.Immediate cause of death Lobar Pneumonia Duration 10 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Uterine Fibroid (?) About 1 yr  
(Include pregnancy within 3 months of death)Major findings: Non Malignant PHYSICIAN \_\_\_\_\_Of autopsy: Lobar Pneumonia  
Underline the cause to which death should be charged statistically

## 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? \_\_\_\_\_  
(City or town) (County) (State)

(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 \_\_\_\_\_

23. Signature J. Martin (M. D. or other) \_\_\_\_\_Address 2601 N Whittier Date signed \_\_\_\_\_

*Not embalmed*

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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, above space should be left blank.**