DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9380

Registration District No. FILED APR 20 1942 791

Primary Registration District No. 1003

Registrar's No. 3286

1. PLACE OF DEATH:

(a) County Mo

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Peoples Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo. 18 days (Specify whether)

In this community 40 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mo

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4064 - Cook
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ——— years.

3. (a) PRINT FULL NAME Matilda Wells

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F 3

5. Color or race C

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Dec. (Month) 10th. (Day) 1863 (Year)

8. AGE: Years 78 Months 3 Days 27 If less than one day ___ hr. ___ min.

9. Birthplace Boynton (City, town, or county) Virginia (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Granville Townes
13. Birthplace Boynton (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Maria Townes
15. Birthplace Boynton (City, town, or county) Virginia (State or foreign country)

16. (a) Informant's own signature Ed Mosby Townes
(b) Address 141 Reidville N.C.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 13. 42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Manuel Undertaker
(b) Address 4059 - Finney Ave

19. (a) APR 13 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1942 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from January 13, 1942, to April 8, 1942; that I last saw her alive on 4/8/42, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease	?
Due to	
Due to	
Other conditions 1) Hypertension 2) Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy

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

23. Signature W. H. Wilson (M. D. or other)
Address 3447 Pine Street Date signed 4/11/42

844

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 I X19511

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 William C. McDowell, Registered Apprentice No.....,
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.