

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (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 19 days
(Specify whether years, months or days)
 In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2224 Delmar
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME Mattie Cox

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

4. Sex Female 5. Color or face Col 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased Sept. 1 1890
(Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 29
 If less than one day hr. min.

9. Birthplace Henry, Mo.
(City, town or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

12. Name Ann Smith

13. Birthplace Henry, Mo.
(City, town or county) (State or foreign country)

14. Maiden name Bertha Hagler

15. Birthplace Henry, Mo.
(City, town or county) (State or foreign country)

16. (a) Informant Edna Pleasant

(b) Address 1619 1/2 Fallon St

17. (a) Burial (b) Date thereof 8 5 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director A. F. Walton

(b) Address 2707 Stoddard St

19. (a) AUG 5 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
 year 1942 hour 4 minute 55 P. M.

21. I hereby certify that I attended the deceased from July 10, 1942 to July 29, 1942
 that I last saw her alive on July 29, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
 Duration 3 mos.

Due to 1942

Due to 1942

Other conditions 1942
(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? 8 5 42
(City or town) (County) (State)

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

While at work? 0
(Specify type of place) (e) Means of injury

23. Signature A. Moore (M. D. or other)

Address 2601 Whittier Date signed 8/1/42

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

0
7
9

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 *Arthur L. Hilliard*.....

Licensed Embalmer No. *4221*.....

P. O. Address *2649th Delmar Blvd*.....

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, fact should be so stated above.