

Registration District No.

318

Primary Registration District No.

100

Registrar's No.

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:
2346 Pine St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... 71 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2346 Pine St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MATTIE THOMAS

3. (b) If veteran, name war..... none
3. (c) Social Security No. none

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

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

7. Birth date of deceased: August 5th 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 6 18 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

12. Name James Madison

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

14. Maiden name Roseetta Labadie

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Marcella Campbell

(b) Address 3951 Evans Ave.

17. (a) Burial (b) Date thereof 2/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C.W. Roberts

(b) Address 3035 Lucas Ave.

19. (a) FEB 23 1943 (b) J.F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23
year 1943 hour 7 minute 30A M.

21. I hereby certify that I attended the deceased from 1/13 to 2/23, 1943
that I last saw her alive on 2/23, 1943
and that death occurred on the date and hours stated above

Immediate cause of death Myocardial Infarction
Intermittent

Due to: Hypertension

Other conditions: 1941
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy none

Duration

7

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?

While at work?..... (Specify type of place) Means of injury.....
23. Signature J.F. Bredbeck (M. D. or other)
Address 3035 Lucas Ave. Date signed 2/23/43

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

MOTHER FATHER

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.....

William Claude Gordon

Licensed Embalmer No.

3489

P. O. Address.....

4575 Aldine

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.