S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16430

Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 4571

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(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 28 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 9 2

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

(d) Street No. 237 S. Beaumont
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Matilda Naves

3. (b) If veteran, name war no

3. (c) Social Security No. no Card

4. Sex Female

5. Color or race Col.

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

6. (b) Name of husband or wife Curtis Naves

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June 24, 1883 (Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 21 If less than one day hr. min.

9. Birthplace Meridan Miss. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Burr Hand
13. Birthplace Meridan Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Molly ?
15. Birthplace Meridan Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Curtis Naves
(b) Address 237 A. S. Beaumont St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20, 1943. (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Wright's Funeral Home
(b) Address 3100 Easton Ave.

19. (a) MAY 17 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15, year 1943 hour 9 minute 05 A. M.

21. I hereby certify that I attended the deceased from April 26, 1943 to May 15, 1943; that I last saw her alive on May 15, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ca. of Uterus	Indef.
Due to	
Due to	
Other conditions (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 S. R. Barnett (M. D. or other)

Address 2601 Wheatley Date signed 5/15/43

(Licensed Embalmer's Statement on Reverse Side)

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, fact should be so stated above.