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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1943 8

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 19913

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 5424

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 1 mo. 19 days (Specify whether
In this community ~~Unknown~~ 26 yrs
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. 2625½ Walnut
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Mattie Paylor

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 Widowed

6. (b) Name of husband or wife UNK

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

7. Birth date of deceased ~~UNK~~ Isgier Paylor (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day ..... hr. ..... min.
ABT 73

9. Birthplace ..... (City, town, or county) MISS / (State or foreign country)

10. Usual occupation House Wife

11. Industry or business .....

FATHER
12. Name Lee Mitchell
13. Birthplace ..... (City, town, or county) MISS / (State or foreign country)

MOTHER
14. Maiden name Mary
15. Birthplace ..... (City, town, or county) MISS / (State or foreign country)

16. (a) Informant Pete Andrews
(b) Address 2323a LaSalle

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14 43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. L. Beal
(b) Address 2724 Lucas Ave

19. (a) JUN 14 1943 (Date received local registrar) (b) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8, year 1943 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from April 20, 1943, to June 8, 1943; that I last saw her alive on June 8, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	Unk.
Cerebral Apoplexy	3 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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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. S. Smith (M. D. ~~or other~~)
Address 2601 Whittier Date signed 4/10/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4219 E. Mayfield

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.