S. No. 2
M—2-43
5-17-39
1 X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36329

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9852

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 29 days (Specify whether years, months or days)
In this community Undet.

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. 4033 Garfield
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mattie Fairfax

3. (b) If veteran, name war — — —

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Widow 1

6. (b) Name of husband or wife

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

7. Birth date of deceased [redacted] Nov - 11 1903
(Month) (Day) (Year)

8. AGE: Years 39 ~~40~~ Months 11 Days 25 If less than one day hr. min.

9. Birthplace Bolton (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation N.1

11. Industry or business

MOTHER FATHER

12. Name Lee Cox

13. Birthplace Bolton (City, town, or county) Miss 1 (State or foreign country)

14. Maiden name Bertha Smith

15. Birthplace Bolton (City, town, or county) Miss. 1 (State or foreign country)

16. (a) Informant Emma Massey

(b) Address 4339 Aldine

17. (a) Shipped (Burial, cremation, or removal) (b) Date thereof 11-12-43 (Month) (Day) (Year)

(c) Place: burial or cremation Bolton Miss

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) NOV 10 1943 (Date received local registrar) J. F. Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6, year 1943 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from September 7, 1943 to November 6, 1943 that I last saw her alive on November 6, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis	6 days
Due to: P. O. Parro caesarian section	
Due to:	
Other conditions: Fibroma of Larynx - non malignant (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 H. P. Gensale (M. D. or other)

Address 2601 Whittier Date signed 11/9/43

(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 myself.

Lonnie Boykin, Registered Apprentice No. ,

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

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.