

S. No. 2  
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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED MAR 27 1944**  
 Registration District No. **318**

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
 Primary Registration District No. **1003**

State File No. **9563**  
 Registrar's No. **2529**

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 Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 days**  
(Specify whether  
 In this community **26 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **St. Louis**  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2138 Walnut**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mattie Walker**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **March** day **13**,  
 year **1944** hour \_\_\_\_\_ minute **15** A. M.  
 21. I hereby certify that I attended the deceased from **March 11**,  
 19**44**, to **March 13**, 19**44**;  
 that I last saw her alive on **March 13**, 19**44**;  
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color of race **Col** 6. (a) Single, widowed, married, divorced **Widow**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Mar 16 1886**  
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage** Duration **2 days**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE: Years **57** Months **11** Days **28** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
 10. Usual occupation **Nil**

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.

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name **Georgia Whitmore**  
 13. Birthplace **Viocore Miss!**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Georgia Walker**  
 15. Birthplace **Viocore Miss**  
(City, town, or county) (State or foreign country)  
 16. (a) Informant **Ischias Walker**  
 (b) Address **2138 Walnut St.**  
 17. (a) **Burial** (b) Date thereof **3/18, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Washington Park Cem**  
 18. (a) Signature of funeral director **F. G. Green**  
 (b) Address **2915 Franklin Ave.**  
 19. (a) **MAR 10 1944** (b) **J. F. Brueck**  
(Date received local registrar) (Registrar's signature)

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 **Alva Moore** (M. D. or other) \_\_\_\_\_  
 Address **260 W. Whittier** Date signed **3/13/44**

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

**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.....

*J. A. [Signature]*

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin

**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.**