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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16376

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4682

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:
Masonic Home of Missouri 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2 years
In this community 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL.") 17
(d) Street No. 5351 Delmar Blvd. (If rural, give location) 9 1/2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Mattie Green

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

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

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

7. Birth date of deceased Dec. 1, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 5 20 hr. min.

9. Birthplace Fayette, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name William Bedell

13. Birthplace Santa Fe, New Mexico (City, town, or county) (State or foreign country)

14. Maiden name Katherine Preston

15. Birthplace Winchester, Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Clara Rothe

(b) Address 5351 Delmar Blvd.

17. (a) Burial (b) Date thereof 5-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) MAY 22 1944 (Date received local registration) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st year 1944 hour Ten minute ten A.M.

21. I hereby certify that I attended the deceased from November 9th 1940 to May 21st 1944

that I last saw her alive on May 21st 1944 and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Myocarditis Duration 1 wk

Due to 93a

Due to

Other conditions Hypertension (Include pregnancy within 3 months of death) 2 yrs

Major findings: Of operations

Of autopsy

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) (e) Means of injury

23. Salouy Ramsey (M. D. or other) Address 508 N. Grand Blvd Date signed 5-21-44

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 *John P. Buchholz*.....

Licensed Embalmer No. *1674*.....

P. O. Address. *2223 St. Louis Ave*.....

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.