No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1944 18

Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 20434

Registrar's No. 6021

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 29 hrs. 40 mins. (Specify whether years, months or days)

In this community 40 years 0

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. 1624 Cole Street (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mattie Wilson

3. (b) If veteran, name war xx

3. (c) Social Security No. ?

4. Sex Female 3

5. Color or race colored

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

6. (b) Name of husband or wife deceased

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

7. Birth date of deceased Oct (Month) 10th (Day) 1868. (Year)

8. AGE: Years 75 Months 8 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Lexington, Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Domestic,

11. Industry or business House-keeping duties,

FATHER
12. Name Noras Bolton,
13. Birthplace Tennessee, (City, town, or county) (State or foreign country)

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

16. (a) Informant Lula Kelley,
(b) Address 2603.A.N.Leffingwell, StLouis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5th44. (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery,

18. (a) Signature of funeral director Houston's Funeral Home
(b) Address 2812 Thomas, StLouis, Mo.

19. (a) JUL 1 1944 (Date received local registrar) (b) J. F. Bardeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29, year 1944 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from June 28, 1944 to June 29, 1944; that I last saw her alive on June 29, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage, with left hemiplegia	Unk.
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? _____
While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Alex Moore (M. D.) Address 2601 W Pottle Date signed 7/1/44

(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, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 2266.

P. O. Address 2812 Thomas, StLouis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.