V. S. No. 2
00M—2-43
Rev. 5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39443

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10823

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: Homer G Phillips Hospital O.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community

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. 1825 N Broadway a
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mattie Lewis
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Marion Lewis
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)
8. AGE: Years About 60 Months Days If less than one day hr. min.
9. Birthplace Memphis (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER 12. Name Peter McGee
13. Birthplace (City, town, or county) Arkansas (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address 1825 N. Broadway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14 '45 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Russell Undt. Co.
(b) Address 2732 Pine Street
19. (a) DEC 12 1945 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9 year 1945 hour 4 minute 30 A M.
21. I hereby certify that I attended the deceased from 12-2, 1945, to 12-9, 1945, that I last saw h on alive on 12-9, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hypertensive Cardio Vascular Disease with Decompensation — Unk
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

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 C. L. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 12/10

(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 Joel Russell

Licensed Embalmer No. 4112

P. O. Address St. Louis

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.