S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22434

FILED JUL 12 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6326

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

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town "
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOMER G. PHILLIPS HOS. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month and 12 day (Specify whether years, months or days)
In this community

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. 164 R. Marion (If rural, give location) 9
23
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MATTIE LEE
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race Col.
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ widowed
6. (b) Name of husband or wife Powell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 8 (Month) 17 (Day) 1861 (Year)

8. AGE: Years 86 Months 10 Days 13 If less than one day hr. min.
9. Birthplace MISS. (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business "
12. Name (Father) UNK.
13. Birthplace (Father) UNK. (City, town, or county) (State or foreign country)
14. Maiden name (Mother) UNK.
15. Birthplace (Mother) UNK. (City, town, or county) (State or foreign country)
16. (a) Informant Caroline Redfield
(b) Address 4150 Fairfax
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington P.K. Cem.
18. (a) Signature of funeral director Norman L. Allen
(b) Address 4234 W. Finney
19. (a) JUL 2 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1947 hour 10 minute 40 A.M.
21. I hereby certify that I attended the deceased from June 1, 19..., to June 30, 19...; that I last saw h... alive on June 30, 19...; and that death occurred on the date and hour stated above.
Immediate cause of death Acute duodenal ulcer with perforation
Due to Arteriosclerotic [illegible] with [illegible] fall & [illegible] at her home on May 18, 1947 [illegible]
Due to Unknown
Due to 18a
Other conditions (Include pregnancy within 3 months of death) 18
Major findings:
Of operations
Of autopsy 93

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) Accident
(b) Date of occurrence May 18, 1947
(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? Home (Specify type of place)
While at work? (c) Means of injury Fall
23. Signature Albert E. Taylor (M. D. or other) 6/30/47
Address Date signed

(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 Chas. L. Boswell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

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.