S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1947

Registration District No. 3[illegible]

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25654

Primary Registration District No. 1003

Registrar's No. 6709

1. PLACE OF DEATH:

(a) County: St Louis, Mo.

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2903 A Cass Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: (Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: [illegible]

(c) City or town: St Louis, Mo. (If outside city or town limits, write "RURAL") 17

(d) Street No. 2903 A Cass Ave (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 20

If yes, name country:

3. (a) PRINT FULL NAME: Mattie Hood

3. (b) If veteran, name war: No

3. (c) Social Security No.:

4. Sex: Female 3

5. Color or race: Colored

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Dec 25 (Month) (Day) (Year)

8. AGE: Years: About 50 | Months: | Days: | If less than one day: hr. min.

9. Birthplace: Meridian, Miss. (City, town, or county) (State or foreign country) 1

10. Usual occupation: Housekeeper

11. Industry or business:

FATHER
12. Name: Not Known 1
13. Birthplace: Mississippi ? (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name: Mattie ?
15. Birthplace: Miss. (City, town, or county) (State or foreign country) 1

16. (a) Informant: Edward B Hood
(b) Address: 2903A Cass. Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood

18. (a) Signature of funeral director: A. L. Beal Und Co.
(b) Address: 2726 Lucas Ave.

19. (a) Date received: JUL 17 1947 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July 15 day: year: 1947 hour: — 2 minute: 00 P.M.

21. I hereby certify that I attended the deceased from July 1 — 1947 to July 15 1947 that I last saw her alive on 7-11-1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Regurgitation	11 days
Due to: [illegible]	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Aortic (Dropsy)	11

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: L. E. Vincent (M. D. or other)
Address: 2316 a Market Date signed: 7-14-47

(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.....Vera Thompson Wilson

Licensed Embalmer No.....4435

P. O. Address.....4788 a Ven

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.