No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43294

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12102

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 days (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 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4335 St Louis Ave 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 10

If yes, name country

3. (a) PRINT FULL NAME Mattie McWilson

3. (b) If veteran, name war ---

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Geo. McWilson 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Unavailable 1898
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
Abt. 49	--	--	hr. min.

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

10. Usual occupation Day work

11. Industry or business Private Family

FATHER
12. Name Joe Cardwell
13. Birthplace Fayette Co. Alabama
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jennie--Unk.
15. Birthplace Fayette Co. Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Houston Cardwell
(b) Address 1110 17th St-Tuscaloosa Ala

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.

19. (a) JAN 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31 year 1947 hour 9 minute 50 a M.

21. I hereby certify that I attended the deceased from Nov. 26, 1947, to Dec. 31, 1947, that I last saw her alive on Dec. 31, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchiectasis with Pleural Effusion	Undet.
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 of 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

(f) Signature Oscar L. Daniels (M. D. or other)

Address 2601 N Whittier Date signed 1/5/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

Thomas J. Gates ..... Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4259

P. O. Address 4107 Finney 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.