

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

1. PLACE OF DEATH:

(a) County... ~~2807 Delmar~~

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

(c) Name of hospital or institution... 2807 Delmar  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community.....  
years, months or days)

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. 2807 Delmar (If rural, give location) 9  
21

(e) Citizen of foreign country?..... (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME Matilda Lewis

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... W

6. (b) Name of husband or wife.....

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

7. Birth date of deceased Aug. 25 1864  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>83</u> | <u>5</u> | <u>29</u> | hr. / min.           |

9. Birthplace... Belleville, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation... Housewife

11. Industry or business.....

MOTHER, FATHER { 12. Name George Cook

13. Birthplace... Belleville, Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name... Willie Cook

15. Birthplace... Belleville, Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs. Catherine Hall

(b) Address... 2807 Delmar

17. (a) ~~Burial~~ Removed (b) Date thereof 2-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Belleville, Ill.

18. (a) Signature of funeral director... E. B. Koonce

(b) Address... 1221 N. Grand Blvd.

19. (a) FEB 26 1948 (b) J. P. Brueck  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... February day... 24  
year... 1948 hour... 8 minute... 30 A.M.

21. I hereby certify that I attended the deceased from Feb 20 to Feb 24 1948 A.M.  
that I last saw her alive on Feb 23 1948 and that death occurred on the date and hour stated above.

Immediate cause of death... Uremia  
Heart Failure

Due to... Chr nephritis (3)

Due to... Hypertensive Heart Disease  
Senility

Other conditions... (Include pregnancy within 3 months of death)

Major findings:  
Of operations... 131

Of autopsy.....

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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature... J. P. Brueck or other).....  
Address... 2807 Delmar Date signed... 2-26-48

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.