

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(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 62 days
(Specify whether years, months or days)
In this community _____
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Mattie Forde

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Colored
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Not known 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 20 1979
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 8
If less than one day hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
12. Name William Brewer
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital
(b) Address 2601 N Whittier St.
17. (a) Burial (b) Date thereof 8/5/1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Regal
(b) Address 401 Missions Bld.
19. (a) AUG 5 - 1948 (b) J. T. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 2228 Eugenia 9
(If rural, give location) 0
(e) Citizen or foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1948 hour 10 minute 30 p. m.

21. I hereby certify that I attended the deceased from May 22, 1948, to July 28, 1948,
that I last saw her alive on July 28, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Kidney, Duration Undet.
right

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy None
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 (home)? _____ (c) Means of injury _____
23. Signature Charles R. Frazier (M. D. or other) _____
Address 2601 N Whittier Date signed _____

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.....

Gayton H. Swan....., Registered Apprentice No. 101
working under my personal supervision.

Signed G. A. Green
Licensed Embalmer No. 2963
P. O. Address 4214 Delmar Rd

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.