

FILED OCT 29 1948

Registration District No. 320

Primary Registration District No. 3058

1. PLACE OF DEATH:

(a) County Saint Charles
(b) City or town Saint Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1048 Olive Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community About 60 years
years, months or days

3. (a) PRINT FULL NAME

BLACK, Mattie

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Byrd

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

7. Birth date of deceased Sept. 12 1869
(Month) (Day) (Year)

8. AGE:

Years 79 Months 1 Days 5

If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER

12. Name Gentry Burt

13. Birthplace Hamburg Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Hutchins

15. Birthplace Hamburg Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Dollaster Boyd

(b) Address 1014 Lindenwood

17. (a) Burial (b) Date thereof 10/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107-09 Finney Avenue

19. (a) 10-22-48 (b) Fannie Hamilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town Saint Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1048 Olive Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th,
year 1948 hour 11 minute 45 a.m.

21. I hereby certify that I attended the deceased from March 6
1948 to 10/16/48
that I last saw her alive on 10/16/48
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Arteriosclerosis Heart Dis. 5 yrs
Due to _____ Gen. arteriosclerosis 5 yrs
Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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) No
(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) (c) Means of injury _____

23. Signature R J Burt (M., D. or other) _____
Address 126 So. Main St. Date signed 10/15/48

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

878 82 100

STATE OF OHIO

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.....

John K. Cunningham

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John K. Cunningham

Licensed Embalmer No. **4476**

P. O. Address **4107 Finney Avenue**

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 110Registration District No. 310Primary Registration District No. 3008Registrar's No. 211

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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 days3. (a) PRINT
FULL NAME Matthe Black3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex M 5. Color B 6. (a) Single, widowed, married
race _____ divorced wid6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased _____
(Month) (Day) (Year)8. AGE: Years 79 Months _____ Days _____ If less than one day
hr. _____ min.9. Birthplace _____
(City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 10-22-48 (b) J. Annie Hamilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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?
_____While at work? _____
(Specify type of place) (e) Means of injury _____

Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-33816