

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43127**
Registrar's No. **11694**

FILED JAN 16 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2019	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 10 yrs		d. STREET ADDRESS (If rural, give location) 107 E. Haven	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Mattie b. (Middle) c. (Last) Lewis	4. DATE OF DEATH (Month) (Day) (Year) Dec. 29 1951
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5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated 1	8. DATE OF BIRTH SEPT. 14, 1915	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months 3 Days 15	IF UNDER 24 HRS. Hours 15 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Arkansas 1	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Henry Smith	13b. MOTHER'S MAIDEN NAME Eliza Williams	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME MARGARET BERRY	ADDRESS 107 E. HAVEN
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Undet.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease		
	ANTECEDENT CAUSES DUE TO (b) Undetermined Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? HH3X
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22. I hereby certify that I attended the deceased from **12-26**, 19**51**, to **12-29**, 19**51**, that I last saw the deceased alive on **12-29**, 19**51**, and that death occurred at **11:45p** m., from the causes and on the date stated above.

23a. SIGNATURE L. Lewis Williams M. D.	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 12-31-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-3-52	24c. NAME OF CEMETERY OR CREMATORY OAKDALE	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO. MP
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DATE REC'D BY LOCAL REG. DEC 3 1951	REGISTRAR'S SIGNATURE Earl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE PETTIS FUNERAL HOME	ADDRESS 481 WASHINGTON
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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

working under my personal supervision.

Student Embalmer No.

Signed

Ester A. Harris

Signed

Student Embalmer

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.