. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19971

Registration District No. 791 FILED JUL 17 1940

Primary Registration District No. 1003

Registrar's No. 4919

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3427a Market, St. 2 (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

(c) City or town St. Louis 18 (If outside city or town limits, write "RURAL")

(d) Street No. 3427a Market, St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mattie Percell 624

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased January (Month) 1 (Day) 1884 (Year)

8. AGE: Years 56 Months 5 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frank Navy
13. Birthplace Unknown (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Nanie Unknown
15. Birthplace Unknown (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Sherman Percell

(b) Address 3427 Market

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-40 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director E. L. Garner

(b) Address 2829 Washington, Ave.

19. (a) JUN 5 1940 (Date received local registrar) (b) J. F. Bilbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 3 year 1940 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from 4/15/4 40 to 6/3/40, 19__; that I last saw her alive on 6/3/40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocarditis	6
Due to: Chronic myocarditis nephritis	2 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 work? (e) Cause of injury

23. Signature Vaughn E. Toye (M. D. or other)

Address 3146 a Hclede Date signed 6/4/40

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H. Powell.

Licensed Embalmer No. 3402

P. O. Address 3100 Franklin

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, above space should be left blank.