

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mos. 7 Days
8 years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 73
(If outside city or town limits, write "RURAL")
(d) Street No. 2311 S. 13th St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Rose Matlock

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Sept. 27, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>11</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Sanders

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

14. Maiden name Barbara Hatfield

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

16. (a) Informant Dr. H. L. ...

(b) Address 1006 Hickory St

17. (a) Burial (b) Date thereof 9/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem

18. (a) Signature of funeral director Dr. N. McLaughlin
2301 Lafayette Ave

(b) Address _____

19. (a) SEP 13 1940 (b) J. P. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12,
year 1940 hour 2:25 minute P. M.

21. I hereby certify that I attended the deceased from July,
5, 1940, to September 12, 1940;
that I last saw her alive on September 12, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of
uterus 6 mos

Due to _____
Due to 49

Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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) Means of injury _____

23. Signature Henry Lathrop (M. D. or other)
Address 1515 Lafayette Avenue Date signed 9/12/40

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

FILED OCT 25 1940

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.....

L. R. Casper

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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

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