

37244

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 7911Primary Registration District No. 1003Registrar's No. 9517

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Mattie Avery8. (b) If veteran, name war No 8. (c) Social Security No. No4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Eugene 6. (c) Age of husband or wife if alive 59 years7. Birth date of deceased Nov. 12 1885
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
55 0 4 hr. min.9. Birthplace Unknown Miss.
(City, town, or county) (State or foreign country)10. Usual occupation House Work

11. Industry or business

MOTHER FATHER { 12. Name Tom Chapman
 13. Birthplace Unknown Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mona Hill(b) Address 920 Biddle St.17. (a) Burial (b) Date thereof 11-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Greenwood Cemetery18. (a) Signature of funeral director Benjamin Love(b) Address 3103 Washington Blvd19. (a) NOV 20 1940 (b) J. B. [Signature]
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St Louis 25
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1314 Biddle 3rd Fl.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV 16 day 16
year 1940 hour 8:00 minute AM21. I hereby certify that I attended the deceased from
Nov 2, 1940 to Nov 16, 1940;
that I last saw her alive on Nov 16, 1940
and that death occurred on the date and hour stated above.Immediate cause of death
Carcinoma of the Cervix & Metastasis Duration Indef

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) (b) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 2601 N Whittier Date signed _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 *Melvin Blackburn*

Licensed Embalmer No. *3962*

P. O. Address.....

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.