DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 452

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 452

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: Homer Phillip Hospital 0

(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 3years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town St. Louis, Mo 21

(If outside city or town limits, write "RURAL")

(d) Street No. 3011 Dixson Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mattie Shelly

3. (b) If veteran, name war No.

3. (c) Social Security No. No

4. Sex Female 3

5. Color or race Colored

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

6. (b) Name of husband or wife UNK

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

7. Birth date of deceased Not Known (Month) UNK (Day) (Year)

8. AGE: Years About 53 | Months | Days | If less than one day hr. min.

9. Birthplace Livingston Ala (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Major Williams
13. Birthplace Livingston Ala (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lizzie Harris
15. Birthplace Livingston Ala (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Corinne Noble

(b) Address 4058 Suberban Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16th 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. L. Beal Und Co.

(b) Address 2726 Lucas Ave.

19. (a) JAN 16 1941 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12th year 1941 hour 2:45 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Aneurism of Arch of Aorta (Sacculated); CONTRIB: Specific Aortitis;

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) Means of injury

23. Signature James J. Fitzsimmons Coroner (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 I X19511

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. Birdie Beal Anderson

Licensed Embalmer No. 2929

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.