675
S. No. 2
1—9-4-41
7. 5-17-39
I X2948

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19426

Registration District No. 791 — Primary Registration District No. 1005 — Registrar's No. 5242

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 Days (Specify whether years, months or days)
In this community: 80 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 510
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 5658 Cates Ave. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Mattie E. Burrows

3. (b) If veteran, name war: None.

3. (c) Social Security No.: None.

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow. 2

6. (b) Name of husband or wife:

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

7. Birth date of deceased: March 21, 1856 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	2	25	hr. min.

9. Birthplace: Mt. Pleasant, Tenn. 1 (City, town, or county) (State or foreign country)

10. Usual occupation: Housework.

11. Industry or business:

FATHER
12. Name: Albert Wortham.
13. Birthplace: Unknown. 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elmonda Van Horn.
15. Birthplace: Unknown. 9 (City, town, or county) (State or foreign country)

16. (a) Informant: H. Spencer
(b) Address: 5322 Barry Court

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 18, 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cemetery

18. (a) Signature of undertaker: Russell Funeral Home
(b) Address: 1431 Union Blvd.

19. (a) JUN 17 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15. year 1942 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from June 5. 1942, to June 15. 1942, that I last saw her alive on June 15. 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	
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) (e) Means of injury 0

23. Signature: [illegible] M.D. (M. D. or other)
Address: 1515 Lafayette Avenue. Date signed 6/16/42

844 (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 Howard D Rowland

Licensed Embalmer No. 3124

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, fact should be so stated above.