No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16872

Registrar's No. 4836

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: 3132 Bell Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 22 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St Louis 9 21
(If outside city or town limits, write "RURAL")
(d) Street No. 3132 Bell Avenue
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mattie Wilhoughby
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edgar
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Jan (Month) 15 (Day) 1902 (Year)

8. AGE: Years	Months	Days	If less than one day
42	4	6	hr. min.

9. Birthplace Des-Arc (City, town, or county) Ark (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Wm Quails
FATHER 13. Birthplace Des-Arc (City, town, or county) Ark (State or foreign country)
MOTHER 14. Maiden name Sallie Goodwin
MOTHER 15. Birthplace Des-Arc (City, town, or county) Ark (State or foreign country)
16. (a) Informant Edgar Willaughby
(b) Address 3132 Bell ave
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation Des-Arc Ark
18. (a) Signature of funeral director J. H. Handley & Son
(b) Address 3133 Bell Ave
19. (a) MAY 28 1944 (Date received local registrar) (b) J. F. Bedwell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st year 1944 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from May 15 1944 to May 22 1944 that I last saw her alive on May 15 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	1
Due to Cerebral Hemorrhage	3 mo
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Samuel Stafford (M. D. or other)
Address 925 N. Jefferson Date signed 5/27/44

(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 S. J. Watson

Licensed Embalmer No. 2498

P. O. Address 2769 Shoulte

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.