

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED AUG 9 1946
Registration District No. **378**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St Louis**

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

(c) Name of hospital or institution: **Homer G Phillips**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 mo; 8 days**
(Specify whether years, months or days)

In this community **18 yrs**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **000**

(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **4330 West Belle Pl**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Mattie Pruitt**

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 **Alex** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **Sept 7 1904**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **28**
year **1946** hour **5** minute **10** P.M.

21. I hereby certify that I attended the deceased from **June 20, 1946**, to **July 28, 1946**;
that I last saw her alive on **July 28, 1946**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the Breast with Me-**
tastases

Duration **Unk**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) **50**

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years **42** Months **10** Days **21** If less than one day _____ hr. _____ min.

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

10. Usual occupation **House wife**

11. Industry or business _____

MOTHER FATHER

12. Name **Alex m. Ghee**

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

14. Maiden name **Mary Washington**

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

16. (a) Informant **Alex Pruitt**

(b) Address **4330 West Belle**

17. (a) **David** (b) Date thereof **Aug 2-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Father Dickson**

18. (a) Signature of funeral director **J. Watson**

(b) Address **2769 Chouteau ave**

19. (a) **JUL 30 1946** (Date received local registrar)
J. F. Bredek (Registrar's signature)

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 _____

23. Signature **E.B. Williams** (M. D. certifying)
Address **2601 N Whittier St** Date signed **7-29-46**

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.....

Licensed Embalmer No. *2698*

P. O. Address. *2769 Chouteau*

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.