

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 25 1947

THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2930

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 316

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Homer G Phillips Hospital  
(d) Length of stay: In hospital or institution 1 mo 8 das  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 1505 Lovejoy Lane  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Mattie Piggee  
(b) If veteran, name war   
(c) Social Security No.

4. Sex FEMALE 3  
5. Color or race COL.  
6. (a) Single, widowed, married, divorced DIVORCED  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased JULY 21 1889  
(Month) (Day) (Year)

8. AGE: Years 57 50 Months 5 15 Days 5 If less than one day hr. min.

9. Birthplace PINE BLUFF ARK.  
(City, town, or county) (State or foreign country)

10. Usual occupation SEWSTER

11. Industry or business

MOTHER FATHER

12. Name JIM ALEXANDER

13. Birthplace PINE BLUFF ARK.  
(City, town, or county) (State or foreign country)

14. Maiden name PHILLIS THOMAS

15. Birthplace PINE BLUFF ARK.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gertrude Collins

(b) Address 1505 Lovejoy Lane

17. (a) BURIAL (b) Date thereof 1-11-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD CEMETERY

18. (a) Signature of funeral director A. F. Walton

(b) Address 2747 STODDARD ST.  
JUL 11 1947

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6  
year 1947 hour 7 minute 50 AM

21. I hereby certify that I attended the deceased from 11-28-1946 to 1-6-1947.  
(that I last saw her alive on Jan. 6 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Cervix with Metastasis, Far Advanced  
Duration Undet.

Due to

Due to

Other conditions: None  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: No  
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

23. Signature Clifford H. Hancock (M.D. or other)  
Address 2601 N Whittier Date signed 1/10/47

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

*Emb repairs cert filed*

JAN 11 1947

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.....

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.