

S. No. 2
M-5-43
7-5-17-39
P I X36671

25401

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 15 1947 318

1003

7082

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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:
1738 Division Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 23 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mad
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1738 Division St.
-25- (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mattie Churchwell

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 John Churchwell 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased April ? 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 3 ? _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown 9
13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant John Churchwell
(b) Address 1738 Division Street

17. (a) Burial (b) Date thereof 7-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale Cemetery

18. (a) Signature of funeral director E. B. Rooney
(b) Address 1221 North Grand Blvd.

19. (a) JUL 30 1947 J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1947 hour _____ minute _____ A. M.

21. I hereby certify that I attended the deceased from 10 a.m.
17 to 2:30 p.m. 1947
that I last saw him alive on 25 July 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus 7 mos.

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 _____

23. Signature M. A. Muelle (M. D. or other) M.D.
Address 3524 Franklin Date signed 7.28.47

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

MOTHER FATHER

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..... *Engine Miles*
Licensed Embalmer No. *3623*
P. O. Address. *1221 - N. Grand*

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.