

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

2849

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City **St. Louis Mo.** (No. **1036 Hickory St.**)

File No.....
Registered No. **553**
St..... Ward.....

2. FULL NAME **Martha Dexter**

(a) Residence, No. **1036 Hickory St.** St. **12** Ward.....

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Indicate by check or word) **married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Dexter**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 15th, 1864**
7. AGE **67** YEARS MONTHS **5** DAYS **2** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **At Home 235**
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... **Kentucky 2**
(STATE OR COUNTRY)

MOTHER 13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN)..... **Unknown 31**
(STATE OR COUNTRY)

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN)..... **Unknown**
(STATE OR COUNTRY)

17. INFORMANT **Forest Dement**
(ADDRESS) **1036 Hickory**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cherry Valley, Ark.** DATE **1-18** 19..... **3**

19. UNDERTAKER **Wacker Hellebelle**
(ADDRESS) **2321 So. Broadway**

20. FILED **18 1932** **Wacker Hellebelle**
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 17, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 24**, 19**31**, to **JAN 18**, 19**32**

I last saw him alive on **JAN 16**, 19**32** Death is said

to have occurred on the date stated above, at **7³⁰ AM**

The principal cause of death and related causes of importance were as follows:

ARTERIO SCLEROSIS + Date of onset **1925**

CEREBRAL HEMORRHAGE **1-16-32**

Other contributory causes of importance: **930 82.5 930**

CHRONIC MYOCARDITIS **1925**

Name of operation..... **X** Date of..... **X**

What test confirmed diagnosis?..... **X** Was there an autopsy?..... **No**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... **No** Date of injury..... **X**, 19**32**

Where did injury occur?..... **X**
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... **X**

Nature of injury..... **X**

24. Was disease or injury in any way related to occupation of deceased?..... **No**

If so, specify..... **X**

(Signed) **Wacker Hellebelle** M. D.

(Address) **1405 S. Broadway** No.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

