

AUG 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23460
Do not use this space.

1. PLACE OF DEATH

- (a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **St. Johns Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- Martha B. Orr, 1000**
 (a) Residence, No. **1322 Gimblin Street** St. **8**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 10, 1876**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 9 28

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mount Erie Ill**

13. NAME **Eli Holmes**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

15. MAIDEN NAME **Lizzie Keaggy**

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

17. INFORMANT (ADDRESS) **Cecil A. Orr 1322 Gimblin Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Mount Erie, Ill July 10, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Math. Hermann & Son 2161 East Fair Avenue**

20. FILED **Jul 10 1938 J. B. Bredack Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 8, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **7-7-38**, 19 to **7-8-38**, 19

I last saw her alive on **7-8-38**, 19. Death is said to have occurred on the date stated above, at **10:45** a.m.

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

*Septis due to gangrene
 Diabetic mellitus
 of small + 3 toe on left*

Date of onset

Other contributory causes of importance:

Diabetic ulcer on Rt 1st toe

Name of operation..... Date of.....

What test confirmed diagnosis? *Biopsy* Was there an autopsy?.....

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

Accident, suicide, or homicide?..... Date of injury....., 19.....

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

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

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. P. Hamilton* M. D.

(Address) *836.3 Halls Ferry Rd.*

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

Samuel Hampton

Licensed Embalmer No

2967

P. O. Address

2161 E. Fair

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, above space should be left blank.