

R 8 - 1939

421337  
MAY 11 1939

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

16098  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township Jefferson Primary Registration District No. 109  
 (c) City Maplewood (d) Street No. 7307 Flora Av. (Nursing Home) Registered No. 636  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (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.  
 Run by Mrs. Radford

2. PRINT FULL NAME Martha L. Van Meter  
 (a) Residence, No. 7860 Folk Ave. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Syren J. Wan Meter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>76</u>	<u>1</u>	<u>14</u>	

OCCUPATION  
 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 (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.

FATHER  
 13. NAME Charles Fine  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.

MOTHER  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Eugene L. Van Meter (son)  
 (ADDRESS) 7860 Folk Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New SS, Peter & Paul Cem. DATE Apr. 10, 39

19. FUNERAL DIRECTOR Croghan  
 (ADDRESS) 7146 Manchester Ave.

20. FILED APR 8 - 1939 DR. [Signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 7, 39

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1939, to April 7, 1939  
 I last saw her alive on April 7, 1939. Death is said to have occurred on the date stated above, at 12:15 m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
Arterio-sclerosis  
Chrom. Myocarditis  
 Date of onset 1-13-39

Other contributory causes of importance:  
930

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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? No  
 If so, specify \_\_\_\_\_ (Signed) T. R. Usher, M. D.  
 (Address) 2816 Sutton Ave. Maplewood, Mo.

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.

**STATEMENT BY LICENSED EMBALMER**

I, Francis A Williamson, Licensed Embalmer No. 3565

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Francis A. Williamson

Licensed Embalmer No. 3565

**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.)**