

Registration District No. **1941791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 mo. 22 days**
(Specify whether
In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL") **11 25**
(d) Street No. **1703 1/2 Biddle**
(If rural, give location) **9**
(e) Citizen of foreign country?.....
(Yes or No) **0**
If yes name country.....

3. (a) PRINT FULL NAME

Arnetric Martin

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 **Fred Martin**
6. (c) Age of husband or wife if alive **18** years
7. Birth date of deceased **May 5, 1925**
(Month) (Day) (Year)

8. AGE: Years **16** Months **6** Days **9**
If less than one day hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Exie Wells**
13. Birthplace **Princeton, Miss.**
(City, town, or county) (State or foreign country)
14. Maiden name **James H. Wells**
15. Birthplace **Huntsville, Ala.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Exie Wells**

(b) Address **1703 Biddle Street**

17. (a) **Burial** (b) Date thereof **11/21/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Wm. J. Cole**

(b) Address **2629-31 Cole Street**

19. (a) **NOV 18 1941** (b) **J. F. Braddock**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov. 14,** day **1941**
year..... hour..... **3** minute **25** A. M.

21. I hereby certify that I attended the deceased from **Sept. 26, 1941**
....., 19....., to **Nov. 14,** 19 **41**
that I last saw h **er** alive on **Nov. 14, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Peritonitis** Duration **4 days**

Due to **Fecal Fistula**

Due to.....
Other conditions **173, 3**
(Include pregnancy within 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 **0**

23. Signature **W. F. A. Forde** (M. D. or other).....

Address **2601 N. Whittier** Date signed **11-17-41**

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

MOTHER FATHER

APR 26 1945

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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address..... *2649 Delmar Pl.*

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.