No. 2
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X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1947

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40112

Primary Registration District No. 1003

Registrar's No. 9824

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: St Marys Infirmary. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Week &OneDay (Specify whether years, months or days)

In this community 25 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town St Louis, (If outside city or town limits, write "RURAL")

(d) Street No. 1023 N.Leonard Ave, (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country American Born &lived.

3. (a) PRINT FULL NAME Mrs.Beatrice Martin,

3. (b) If veteran, name war none,

3. (c) Social Security No. none,

4. Sex Female,

5. Color or race Col,

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Martin, deceased

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 8th, (Day) 1894. (Year)

8. AGE: Years	Months	Days	If less than one day
57	67	1	hr. min.

9. Birthplace Washington, (City, town, or county) D.C. (State or foreign country)

10. Usual occupation Domestic,

11. Industry or business House Work,

FATHER

12. Name Rev.George Thomas,

13. Birthplace Washington, (City, town, or county) D.C. (State or foreign country)

MOTHER

14. Maiden name Dont Know

15. Birthplace " " (City, town, or county) Dont Know (State or foreign country)

16. (a) Informant Mrs.Beatrice Kennedy.

(b) Address 1023. N.Leonard, Ave,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/41. (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery,

18. (a) Signature of funeral director R C Hirsten Jr

(b) Address 2812 Thomas, St.

19. (a) DEC 11 1941 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9th, year 1941. hour 9:A.M. minute M.

21. I hereby certify that I attended the deceased from Oct 19, 1941, to Dec 9, 1941; that I last saw him alive on Dec 9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration: 2 years.

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? (Specify type of place)

While at work (e) Means of injury

23. Signature William D. Norman (M. D. or other)

Address 3207 Franklin Ave. Date signed 12-10-41

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 2266.

P. O. Address 2812, Thomas, S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.