

No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43086  
Registrar's No. 21673

Registration District No. 780

Primary Registration District No. 115

096  
3

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis, Mo. City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
341 West Gate  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Martha Britt  
3. (b) If veteran, name war..... 3. (c) Social Security No. Nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Single

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

7. Birth date of deceased: November 6, 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 1 23 hr. min.

9. Birthplace St. Charles Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business Macdonald College, Canada

12. Name Earl R. Britt

13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Clara Schotto  
(City, town, or county) (State or foreign country)

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Earl R. Britt

(b) Address 341 West Gate, University City

17. (a) Cremation (b) Date thereof: 12/31/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Edith E. Ambrugter

(b) Address 4234 Manchester

19. (a) DEC 30 1941 (b) E. L. McJannet  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 341 West Gate  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29  
year 1941 hour 6.00 P.M. minute..... M.

21. I hereby certify that I attended the deceased from June 20  
1939 to Dec 29 1941  
that I last saw her alive on Dec 28 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
General abdominal carcinoma of ovary  
Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: Bilateral carcinoma of ovaries with peritoneal metastases  
Of operations.....  
Of autopsy.....

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.....

23. Signature William T. Dyer (M. D. or other)  
Address 330 Metropolitan Bldg Date signed 12/29/41

Duration

2 1/2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

707 (Licensed Emballer'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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Flora Eynock*

Licensed Embalmer No.....

*1284*

P. O. Address.....

*St. Louis Mo.*

**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.**