

FILED SEP 18 1942 318

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Board Train - Union Station
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Tarrant
(c) City or town Fort Worth
(d) Street No. 1705 Tremont Ave.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Margaret Stinett

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased August 21, 1896

8. AGE: Years 46 Months 0 Days 16 If less than one day hr. min.

9. Birthplace Alvarado Texas

10. Usual occupation Buyer Ladies Ready to Wear

11. Industry or business Women's Clothing

12. Name Jack Martin

13. Birthplace Hillsboro Texas

14. Maiden name Willie Hill

15. Birthplace Alvarado Texas

16. (a) Informant Mr. J. L. Tonetti (b) Address 2249 Mistletoe, Ft. Worth Tex

17. (a) Removal (b) Date thereof 9/8/42

(c) Place: burial or cremation Ft. Worth Texas

18. (a) Signature of funeral director Wagoner Und. Co. (b) Address 3621 Olive St. Louis, Mo.

19. (a) SEP 8 1942 (Date received local registration) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 7 year 1942 hour 8 minute AM

21. I hereby certify that I attended the deceased from 19... to 19... that I last saw him alive on ... and that death occurred on the date and hour above.

Immediate cause of death: Hemorrhage of Brain, Contusion of the Scalp in Left Parietal Region. Cause and manner of death which could not be determined.

Other conditions: (Include pregnancy within 3 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) Open Verdict

(b) Date of occurrence 9/7/42

(c) Where did injury occur? St. Louis Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Missouri Pacific Train

While at work? (Specify type of place) (Specify means of injury)

23. Signature (M. D. or other) Date signed 9/8/42

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

MOTHER FATHER

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 *Robert T. Sargater*

Licensed Embalmer No. 4290

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.