V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35541

FILED NOV 16 1942

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 9334

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12
(c) City or town St. Louis 12 9 (If outside city or town limits, write "RURAL")
(d) Street No. 934 N. Kingshighway (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Martha Jones
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 7 (Day) 1865 (Year)
8. AGE: Years 76 Months 11 Days 1 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation no ne
11. Industry or business
FATHER
12. Name Isaiah Jones
13. Birthplace (City, town, or county) New Jersey 1 (State or foreign country)
MOTHER
14. Maiden name Isabelle Masters
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Hiram Bazzoli
(b) Address 5800 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-10-42 (Month) (Day) (Year)
(c) Place: burial or cremation Lesterville, Mo.
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.
19. (a) NOV 9 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8 year 1942 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from Oct. 29, 1942, to Nov. 8, 1942; that I last saw her alive on Nov. 8, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Breast (right) c̄ Extensive Metastases (lungs, region lymph nodes).	2 year
Due to	
Due to	
Other conditions Chronic Malnutrition (Include pregnancy within 3 months of death)	several months

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Major findings:
Of operations
Of autopsy Carcinoma of Right Breast c̄ Metastases to lungs, region nodes; fibroid uterus.

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 J. F. Crenshaw (M. D. or other)
Address City Infirmary Date signed 11/8/42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Fred Frick.....

Licensed Embalmer No.....3186.....

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.