

FILED DEC 1 1942
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
City Sanitarium Hospital 2
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
17

(c) City or town **St. Louis** **913**
(If outside city or town limits, write "RURAL")

(d) Street No. **Attendants Home 5300 Arsenal**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Catherine Martin**

(b) If veteran, name war **No**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **21**
year **1942** hour **1** minute **10** p.M.

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

6. (b) Name of husband or wife **Edward Martin** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 1880**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	62	3	27	hr. _____ min. _____

Immediate cause of death. **Shock; Anesthesia;** Duration
while undergoing an operation for kidney stones at the City Sanitarium Hospital, on Nov. 21st, 1942, at about 1:10 P.M.

Due to _____

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

10. Usual occupation **attendant**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business **City Sanitarium**

12. Name **Patrick Graham**

13. Birthplace **Unknown Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ann Frier**

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

16. (a) Informant **Edwin P. Graham**
(b) Address **615 Brotherton Lane**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____ **000**

(b) Date of occurrence _____

17. (a) **Burial** (b) Date thereof **11-24-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

(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? _____

18. (a) Signature of funeral director **Cullinane Bros.**
(b) Address **1710 N. Grand Blvd.**

19. (a) **NOV 23 1942** (b) **J. F. Bieleck**
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place)

23. Signature **Alfred Perry** (M.D. or other) _____
Address _____ Date signed **11/23/42**

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.