

U. S. No. 2  
FORM-5-42  
Rev. 5-17-39  
X32873

35664

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 13 1942  
318

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 10036

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:  
Deaconess Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 5 days  
(Specify whether years, months or days)

In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis

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

(d) Street No..... 6654 McCune  
(If rural, give location)

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

3. (a) PRINT FULL NAME..... Annabelle Katherine Martini

3. (b) If veteran, name war..... no

3. (c) Social Security No..... no

4. Sex..... F / 5. Color or race..... W

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

6. (b) Name of husband or wife..... Clyde Martini

6. (c) Age of husband or wife if alive..... 39 years

7. Birth date of deceased..... Dec. 18, 1907  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>34</u>	<u>11</u>	<u>12</u>	hr. min.

9. Birthplace..... Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... Arthur Thebus

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

14. Maiden name..... Agnes Gregory

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

16. (a) Informant..... Clyde Martini

(b) Address..... 6654 McCune

17. (a) Burial (b) Date thereof..... 12-2-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Oak Hill Cem.

18. (a) Signature of funeral director..... Jay B. Smith

(b) Address..... 7456 Manchester

19. (a) DEC 2 1942 (b) J. J. Brudak  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... NOV. day..... 30  
year..... 1942 hour..... 4 minute..... A. M.

21. I hereby certify that I attended the deceased from..... May 15 1941 to..... Nov 12 1942  
that I last saw her alive on..... Nov 27 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic Mitral Stenosis Duration..... 11 years

Due to..... Chronic Endocarditis 12 yrs

Due to..... 9/2/42

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).....

(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..... T. R. Wahn (M. D. or other)..... M. D.  
Address..... 2816 North Ave Date signed..... 12-1-42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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**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.....

*H. A. Burgess*

Licensed Embalmer No.....

*4029*

P. O. Address.....

*Maplewood*

**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.**