V. S. No. 2
0M—5-42
ev. 5-17-39
X32871

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. 12106

APR 19 1943 818

Registration District No.

Primary Registration District No. 1003

Registrar's No. 3139

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Mary,s Infimary 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WKS.
(Specify whether In this community 2 Years. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St Louis 92E
(If outside city or town limits, write "RURAL")
(d) Street No. 1421½ Cleary St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Martha Flakes Ezell

3. (b) If veteran, name war -- --

3. (c) Social Security No.

4. Sex Female

5. Color or race 3 Col,

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Douglas Ezell

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Dec, 25th, 1913
(Month) (Day) (Year)

8. AGE: Years 29 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Troy Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name William Lewis
13. Birthplace Troy Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Porter
15. Birthplace Troy Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Douglas Ezell
(b) Address 1421½ Cleary St

17. (a) Removel (Burial, cremation, or removal) (b) Date thereof 4-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation Troy, Mo Home

18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 stoddard st.

19. (a) APR 2 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31st, day March year 1943. hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from 3-16-43 to 3-31-1943; that I last saw her alive on 3-31-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Ca from Rt breast.

Due to

Due to 50

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

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 0

23. Signature L. S. Davis (M. D. or other) M. D.
Address 1536 Papin St Date signed 4-1-43

(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 L. Boyhin, Registered Apprentice No. FM, working under my personal supervision.

Signed Lonnie Boyhin

Licensed Embalmer No. 2946

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.