

FILED NOV 29 1943
 Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10067**

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
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 mo. 5 ds.**
(Specify whether years, months or days)
 In this community **29 yrs.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **17**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1409 S. Ewing**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **VIRGINIA MARTIN**

3. (b) If veteran, name war **NO** 3. (c) Social Security No.....

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **single**

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

7. Birth date of deceased **Dec. 13, 1911**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 11 3 hr. min.

9. Birthplace **Leavenworth Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laundry work**

11. Industry or business.....

12. Name **Fay Martin**

13. Birthplace **not known Kansas**
(City, town, or county) (State or foreign country)

14. Maiden name **not known**

15. Birthplace **not known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thelma A. Slinger**

(b) Address **5400 Arsenal St.**

17. (a) **Burial** (b) Date thereof **11/17/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old St. Marks**

18. (a) Signature of funeral director **A. N. M. Daughlin**

(b) Address **2301 Lafayette Ave.**

19. (a) **NOV 17 1943** (b) **J. J. Brudiek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **16,**
 year **1943** hour **2.05** minute **p.**

21. I hereby certify that I attended the deceased from **Oct. 11,**
 19 **43** to **Nov. 16, 1943**
 that I last saw him alive on **Nov. 16, 1943**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** **5 ds.**
Chronic Alcoholism **1943x**

Due to.....
 Due to.....

Other conditions (include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy.....
 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 **Walter L. Moore** (M. D. or other) **MD.**
 Address **5400 Arsenal St.** Date signed **11/17/43**

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

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 L. R. Cooper
Licensed Embalmer No. 3633
P. O. Address 2317 Lafayette

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.