

FILED NOV 1 1944
Registration District No. 1918

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 2/17
(d) Street No. 2805 Laclede (If rural, give location) 9
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Gines

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Richard Gines 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 8 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 7 17 hr. _____ min. _____

9. Birthplace Clayborne Co. / Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER { 12. Name Spencer Coleman
13. Birthplace Greensboro / Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Mary Manuel
15. Birthplace Clayborne Co. / Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Amy Shelton
(b) Address 2735 Delmar Blvd.
17. (a) Burial (b) Date thereof Oct. 28 '44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Russell Undt. Co.
(b) Address 2732 Pihe St.
19. (a) OCT 26 1944 (b) J. F. Beedek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25,
year 1944 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from October 4, 1944 to October 25, 1944
that I last saw her alive on October 25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Congestion
Luetic Heart Disease

Duration
3 days
Indef.

Due to _____

Due to 309

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 W. J. Moore (M. D. or other) _____
Address 2601 Whittier Date signed 10/26/44

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

Joel Russell

Licensed Embalmer No. *4112*

P. O. Address.....

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.