V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39117

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11662

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 9yr.10mo.13ds. (Specify whether
In this community 46 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5400 Arsenal
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARTHA EMERY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. 18, 1899 1902
(Month) (Day) (Year)

8. AGE: Years 43 46 | Months 1 | Days 12 | If less than one day hr. min.

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

10. Usual occupation Laundry work

11. Industry or business

FATHER
12. Name Albert Turner
13. Birthplace not given (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mathilda Dorsey
15. Birthplace not given (City, town, or county) Missouri (State or foreign country)

16. (a) Informant T. Bingler
(b) Address 5400 Arsenal

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis Ill

18. (a) Signature of funeral director R. M. Green
(b) Address 3517 Salisbury Ave

19. (a) JAN 2 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 1945 hour 10.40 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1945, to Dec. 30, 1945
that I last saw her alive on Dec. 30, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Cardiac decompensation	2 ds.
Due to Lues C.N.S.	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature C. J. McConnell (M. D. or other) MD
Address 5400 Arsenal Date signed 1/30/45

044

(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 Melvin Edward Green, Registered Apprentice No. 383, working under my personal supervision.

Signed P. M. Green

Licensed Embalmer No. 1123

P. O. Address 3517 Laclede Ave

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.

C.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
~~County~~ City of St Louis

State File No.
Local Registrar's No. 11662

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 12 day of Jan, 1946, before me appears R. M. C. Green, who, upon his oath, states that the original record of ~~birth~~ death for Martha Emery, died ~~born~~ 12-30-, 1940 in the State of Missouri, and which was filed at on , 19 , should be corrected as follows:

Item No. 8 should read age 43
Instead of " 46

Item No. 7 should read 11-18-1902 OK
Instead of 11-18-1899.

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant R. M. C. Green Undertaker
Relationship.

5517 Laclede
Present Address.

Subscribed and sworn to before me this 12 day of Jan, 1946.

My Commission expires 8/4/49

Eva C Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

rm V. S. 135
10M-5-43
I X36929

39117