

S. No. 2
OM-543
v. 5-17-39
I X36671

FILED DEC 28 1945
Registration District No. 317

Primary Registration District No. 6676

State File No. _____

Registrar's No. 2872

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town WELLSTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6900 Warada
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
(c) City or town WELLSTON
(If outside city or town limits, write "RURAL")
(d) Street No. 6900 WARADA
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA ANN ROTH RICKETT

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

4. Sex FEMALE 5. Color or race White
6. (b) Name of husband or wife Otto 6. (c) Age of husband or wife if divorced MARRIED
7. Birth date of deceased MAR 17 - 1896
(Month) (Day) (Year)

8. AGE: Years 49 Months 8 Days 26
If less than one day _____ hr. _____ min.

9. Birthplace BUSHNELL ILL I
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name P.C.A. GREEN Rickett

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

14. Maiden name _____

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

16. (a) Informant Otto Roth 9
(b) Address 6900 Warada

17. (a) BURIAL (b) Date thereof Dec 17, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's

18. (a) Signature of funeral director Carlton Kelly
(b) Address 2247 Nat Blvd

19. (a) 12-19-45 (b) E. B. DeSarram
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 45 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from 1-6 - 1943 to 12-13 45;
that I last saw her alive on 10-8 45;
and that death occurred on the date and hour stated above.

Immediate cause of death Uterus-Vaginal hemorrhage Duration 3 hrs.

Due to Ca. Uterus 2 yrs

Due to 46 1/2

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 John H. Pinkney (M. D. or other)
Address 340 Bermuda Ave Date signed 12-15-45

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.....

James A. Lemmings

Licensed Embalmer No. *4142*

P. O. Address. *St. Louis*

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.