

Registration District No. 318

Primary Registration District No. 1003

State File No. _____

Registrar's No. 7946

1. PLACE OF DEATH:

(a) County... St. Louis

(b) City or town... St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution... Farm Decease
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 3 weeks
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo (b) County... 000

(c) City or town... St. Louis 177
(If outside city or town limits, write "RURAL")

(d) Street No... 2647 Nebraska Ave 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Martin, Edith

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

3. (c) Social Security No. nil.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1946 hour 6 minute 30 AM

21. I hereby certify that I attended the deceased from 8-3 1946 to 9-13 1946
that I last saw h. aw alive on 9-12 1946
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife... Leonard Martin

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased May 5 1898
(Month) (Day) (Year)

Immediate cause of death... Leukemia

Duration unknown

Due to _____

Due to _____ 75

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 48 Months 4 Days 08
If less than one day _____ hr. _____ min.

9. Birthplace St Marys Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Mrs. B. Dean

13. Birthplace Perry County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Nancy K. Akes

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

16. (a) Informant Leonard Martin

(b) Address 2647 Nebraska Ave

17. (a) Burial (b) Date thereof 9-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem

18. (a) Signature of funeral director Guy Mollen

(b) Address 5041 Delaney Blvd

19. (a) SEP 15 1946 (b) J. Brechee
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy Leukemia

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 Eugene T. Smyth (M. D. or other) M.D.
Address 1325 S. Grand Ave Date signed 9-14-46

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.....

Licensed Embalmer No. *3881*.....

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.