

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**
1003

Township.....

Primary Registration District No.

City *St. Louis* (No.)

12913
File No. **3463**
Registered No.
St. Ward)

2. FULL NAME *Martha Standley*

(a) Residence, No. *3221 Morgan* St., *21* Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female

Col

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *March 10, 1870*

7. AGE

YEARS

MONTHS

DAYS

IF LESS THAN 1 day, hrs. or min.

59

0

6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Frank Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss.

12. MAIDEN NAME OF MOTHER

Maria Cobman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT (Address)

*Frances Johnson
3333a Laclede ave.*

15.

FILED

*APR 20 1929
M. C. Starkey*

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *3/16 1929*

17. I HEREBY CERTIFY, That I attended deceased from *3-12 1929*, to *3-16 1929*, that I last saw her alive on *3-16 1929*, and that death occurred, on the date stated above, at *11:15 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

tubercular pneumonia

108

106A

(duration) yrs. mos. ds. *5*

CONTRIBUTORY (SECONDARY) *acute Bronchitis*

non Tubercular

(duration) yrs. mos. ds. *2*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

1010W

DID AN OPERATION PRECEDE DEATH? DATE

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Dr Edward Zell

M. D.

3-28 - 1929 (Address) 123 South Luning ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Peters Cemetery

3/21 1929

20. UNDERTAKER

ADDRESS

K. M. C. Green

3517 Laclede ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1

2

