

APR 11 1938

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

Do not use this space.

8647

1. PLACE OF DEATH *St. Mary's Infirmary*
County..... Registration District No. *791*
Township..... Primary Registration District No. *1008*
City *St. Louis, Mo.* (No. *1536*), *Papin* St. (Ward)
2. FULL NAME *Maude Martin Carr*
(a) Residence, No. *4043 a Finney* St. *11* Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *13* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Charlie Carr</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 27, 1905</i>		
7. AGE	YEARS <i>30</i>	MONTHS <i>9</i>
	DAYS <i>2</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>housewife</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>house work</i>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Arkansas</i>
	13. NAME <i>Will Martin</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss</i>
	15. MAIDEN NAME <i>Mary Walker</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ala</i>
	17. INFORMANT <i>Sallie Nash</i> (ADDRESS) <i>4043 a Finney Ave</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Washington Park</i> DATE <i>3/5/1938</i>	
19. UNDERTAKER <i>J. S. Staley Undertaking Co</i> (ADDRESS) <i>7202 Broadway</i>	
20. FILED <i>MAR 4 1938</i> <i>J. T. Bredeck</i> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *February 29, 1936*
22. I HEREBY CERTIFY, That I attended deceased from *Feb. 25, 1936* to *February 29, 1936*
I last saw her alive on *February 29, 1936*. Death is said to have occurred on the date stated above, at *6:30* p.m.
The principal cause of death and related causes of importance were as follows:

hypertensive vascular disease with nephrosclerosis
Date of onset

Other contributory causes of importance: *13!*

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19...
Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify
(Signed) *A. E. Rytkens*, M. D.
(Address) *St. Mary's Infirmary, St. Louis, Mo*

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.

