

DEC 28 1937

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

42428
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 790
(b) Township _____ Primary Registration District No. 60339 Registered No. 405
(c) City Clayton (d) Street No. #2 Brentmoor Park
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 41 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Martha S. Bemis,

(a) Residence, No. #2 Brentmoor Park St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 4 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Murfreesboro
(STATE OR COUNTRY) Tennessee

FATHER
13. NAME Wm. H. Sikes
14. BIRTHPLACE (CITY OR TOWN) Murfreesboro
(STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Elizabeth Thompson
16. BIRTHPLACE (CITY OR TOWN) Eutaw
(STATE OR COUNTRY) Alabama

17. INFORMANT J. S. Bemis
(ADDRESS) #2 Brentmoor Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Nov. 5, 37

19. FUNERAL DIRECTOR Wagoner Undertaking Co.
(ADDRESS) 3621 Olive St.

20. FILED 11/5 1937 D. A. J. Squared
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 193722. I HEREBY CERTIFY, That I attended deceased from April 24, 1928, to Nov. 4, 1937

I last saw her alive on Nov. 3 (10 p.m.), 1937. Death is said to have occurred on the date stated above, at 12:55 m.

The principal cause of death and related causes of importance were as follows:

Central Nervous System Date of onset 1925

Broncho-pneumonia (pt.) Oct 7 1937

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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? No
If so, specify _____(Signed) Walter Bauerjessen, M. D.(Address) 3720 Washington Ave.

STATEMENT BY LICENSED EMBALMER

I, Walter King, Licensed Embalmer No. 3563

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

.....L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Walter King

Licensed Embalmer No. 3563

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.)