

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

43060
Do not use this space.

JAN 10 1938

791
1008

Registered No. 11310

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis, Mo. (d) Street No. 5351 Delmar Blvd. St.
 (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 7 yrs. 3 mos. 7 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Vera Martin,

(a) Residence, No. 5351 Delmar Blvd. St. 12 (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*) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 4 12

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

12. BIRTHPLACE (CITY OR TOWN) Louisiana,
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Charles Andrew Jackson Womack,

14. BIRTHPLACE (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah Martin

16. BIRTHPLACE (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

17. INFORMANT Hilma H. Walker
 (ADDRESS) 5351 Delmar Blvd. City

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE Dec. 8 1937

19. FUNERAL DIRECTOR Alexander + Sons.
 (ADDRESS) 6175 Delmar

20. FILED DEC 8 1937 J. J. Brebeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22- 1937, 19....., to Dec. 8, 1937, 19.....
 I last saw her alive on Dec. 7, 1937, 19..... Death is said to have occurred on the date stated above, at 1:00 A. M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 3 yrs
 Other contributory causes of importance:
 Senility 2 yrs

Name of operation..... Date of.....
 What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No.

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?..... No.
 If so, specify Chronic Myocarditis M. D.
 (Signed) Hilma H. Walker
 (Address) 508 N. Grand Blvd.

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.

000

STATEMENT BY LICENSED EMBALMER

I, jos. E. McCulloch, Licensed Embalmer No. 2460

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

L. E.
No. # Carl Huch, Registered Apprentice No. _____

working under my personal supervision.

Signed jos. E. McCulloch
Licensed Embalmer No. 2460

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.)