

REC'D MAR 14 1938

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

5103

Do not use this space.

1748

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City St. Louis, Mo. (d) Street No. City Infirmary 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Martha Huston. 235
(a) Residence, No. 5800 Arsenal St. St. 13
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 67 2 10
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. No Occupation
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) Somerset,
(STATE OR COUNTRY) Ohio.

FATHER 13. NAME William Huston

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

MOTHER 15. MAIDEN NAME Jennie Beard

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

17. INFORMANT E. Molony,
(ADDRESS) 5800 Arsenal St.

18. BURIAL PLACE Removal in Lake Charles Cemetery Feb. 19, 1938

19. FUNERAL DIRECTOR A. N. McLaughlin
(ADDRESS) 2301 Lafayette Avenue

20. FILED FEB 18 1938 J. P. Bledsoe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 17, 1938

22. I HEREBY CERTIFY, That I attended, deceased from May 16, 35, to February 17, 1938

I last saw her alive on February 17, 1938 Death is said to have occurred on the date stated above, at 9:35 m. A.M.

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

Degenerative Heart Disease Date of onset

Other contributory causes of importance:

Arteriosclerosis, general

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

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) R. Young M. D.
(Address) 5800 Arsenal

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. ROY should be stated EXACTLY. PHYSICIANS should state amount of cemetery supplied.

STATEMENT BY LICENSED EMBALMER

I, L.R. Cooper, Licensed Embalmer No. 3633
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 L.R. Cooper
Licensed Embalmer No. 3633

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.)