

REC'D JUN 9 1938

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

16176  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **Peoples Hospital** 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.

Registered No. **4037**2. PRINT FULL NAME **Martha Pride**

(a) Residence, No. **2645 Lawton Ave** St. **21**  
(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 **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 15, 1868**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**69 9 11**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housekeeper**  
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) (STATE OR COUNTRY) **Arkansas**

FATHER 13. NAME **Unknown**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Unknown**

MOTHER 15. MAIDEN NAME **Unknown**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Unknown**

17. INFORMANT (ADDRESS) **William Pride 4207 Finney Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **May 1, 1938**19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Russell Und. Co. 2738 Pine Street**20. FILED **MAY - 1 1938** **J. D. Bredebeck** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 26, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **April 9, 1938** to **April 26, 1938**  
I first saw her alive on **April 26, 1938**. Death is said to have occurred on the date stated above, at **11:20 P.M.**

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

**Carcinoma of Stomach**Other contributory causes of importance: **None**

Name of operation **None** Date of.....  
What test confirmed diagnosis?..... 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.....

(Signed) **A. M. Townsend**, M. D.(Address) **823 N. Jefferson Ave.**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

**Joel Russell**

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Joel Russell*

Licensed Embalmer No. **2115**

P. O. Address **2732 Pine St.**

**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.)**

**If this body is not embalmed, above space should be left blank.**