

NOV 16 1938

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

34102
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. **791**
(b) Township 1 Primary Registration District No. **1003**
(c) City of St. Louis (d) Street No. 3732a Wyoming Registered No. **9088**
(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

Lou Ann Martin
(a) Residence, No. 3732a Wyoming St. St. **16** (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*) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of George C.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 3 7

OCCUPATION 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) Russellville
(STATE OR COUNTRY) Kentucky

FATHER 13. NAME Geo. Swain
14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Myrtilla Terry
16. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

17. INFORMANT George Martin
(ADDRESS) 839 Edna Ave., Kirkwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL to Keytesville, Mo. DATE 10/19/38

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

20. FILED **OCT 18 1938** J. T. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/16/38 19
22. HEREBY CERTIFY, That I attended deceased from Jan. 10, 1937, to Oct. 16, 1938
I last saw her alive on Oct. 15, 1938 at 7:30 P.M. Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset
131
Other contributory causes of importance:
Senility

Name of operation Date of
What test confirmed diagnosis? Chemical 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) [Signature] M. D.
(Address) 3525 So Grand St. Louis

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.

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.)