

C 28 1938

DEPT JAN 5 1938

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

44448
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township 1 Primary Registration District No. 104 Registered No. 2186
(c) City Ferguson Missouri (d) Street No. Pollock's Nursing Home 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 A. Carothers

(a) Residence, No. 501 Carson Road Ferguson Mo 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED WIDOW HUSBAND OF (OR) WIFE OF <u>EDGAR CAROTHERS</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-1-1881</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>5</u>
	DAYS <u>25</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>	
	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) <u>Wayne County Mo</u> (STATE OR COUNTRY) <u>O</u>		
FATHER	13. NAME <u>SAMUEL B. MILLER</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>WAYNE COUNTY MO</u> (STATE OR COUNTRY) <u>MISSOURI</u>	
MOTHER	15. MAIDEN NAME <u>MARTHA C. HEADSPEATH</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>WAYNE COUNTY</u> (STATE OR COUNTRY) <u>MISSOURI</u>	
17. INFORMANT <u>M. H. McCann R.N.</u> (ADDRESS) <u>501 Carson Road Ferguson Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove Cemetery</u> DATE <u>12/29/38</u>		
19. FUNERAL DIRECTOR (NAME) <u>Robert J. Ambruster</u> (ADDRESS) <u>Clayton Road at Concordia Lane</u>		
20. FILED <u>C 28 1938</u> <u>J. R. Meyer</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 193822. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1938 to Dec 26, 1938I last saw her alive on Dec 26, 1938. Death is said to have occurred on the date stated above, at 9:15 p.m.

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

Carcinomatous Peritonitis
Primary site: Uterus-Ovaries June 1938

Other contributory causes of importance:

Name of operation Laparotomy Date of Sept 1938What test confirmed diagnosis? GI Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury....., 19.....Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noneNature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) M. H. McCann, M. D.(Address) 2000 E Grand

(Licensed Embalmer's Statement on Reverse Side)

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.

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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, or by.....

Edward H. Bookherst

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Edward H. Bookherst*

Licensed Embalmer No. *2502*

P. O. Address *Clayton Mo*

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.