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

DEC'D APR 12 1939

8745
Do not use this space.

791

1. PLACE OF DEATH
(a) County 1 Registration District No. 1003
(b) Township 1 Primary Registration District No. Registered No. 2510
(c) City St. Louis (d) Street No. St. Louis Children's Hosp. 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. 1 mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 635 Martin, Rosalie
(a) Residence, No. 3958 S Finney St. 11 St. Louis, Mo.
(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 F
4. COLOR OR RACE B
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-8-39
7. AGE YEARS MONTHS 1 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as saw mill, bank, etc. child
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) St. Chas. Co. Missouri

FATHER
13. NAME ~~Arthur Bell Dushie~~ UNK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis ~~Missouri~~ UNK-C

MOTHER
15. MAIDEN NAME Rosalie Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) O'Fallon, Mo.

17. INFORMANT (ADDRESS) Lessie Martin 3958a Finney
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul, Mo. DATE Mar. 17th, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles J. Gates 4107-09 Finney Ave.
20. FILED MAR 16 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15-, 1939
22. I HEREBY CERTIFY, That I attended deceased from 3-14-, 1939, to 3-15-, 1939
I last saw her alive on 3-15-, 1939. Death is said to have occurred on the date stated above, at 1:50 a.m.
The principal cause of death and related causes of importance were as follows:

Acidosis secondary to Diarrhea & Vomiting

Date of onset

Other contributory causes of importance: 1196

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) [signature], M. D.
(Address) 700 So. Kingshighway

(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, James A. Johnson; or by

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

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.