34

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.

APR 12 1939

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

Do not use this space. 9163

791 1003

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township or City ..... Primary Registration District No. ..... Registered No. 2928

(c) St. Louis (d) Street No. City 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.

2. PRINT FULL NAME 635 Josephine Martin

(a) Residence, No. 1300 Hebert street St. 26
(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 W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF John Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/3/1908

7. AGE YEARS 35 MONTHS 5 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
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) St. Louis Mo.

FATHER
13. NAME William Neukom
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

MOTHER
15. MAIDEN NAME Josephine Schmidt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT (ADDRESS) John Martin 1300 Hebert st

18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul Churchyard DATE 3/29/ 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Provost Und Co. 3710 N. Grand Blvd

20. MAR 28 1939, 19 J. F. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:20 A.M.

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

Traumatic perforation of uterus, General peritonitis, Acute Nephritis suffered as a result of a illegal operation (Abortion) performed by one, Dorothea Detchmendy, in home at 4939 Claxton Ave. on March 18, 1939, about 7:00 P.M., HOMICIDE.

Date of onset

Other contributory causes of importance:

175 A

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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

Accident, suicide, or homicide? HOMICIDE Date of injury 3-18, 1939

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

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

Manner of injury see above

Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph M. Queen, M.D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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 me

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

working under my personal supervision.

Signed G. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

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