

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.

JUN 12 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH 1003

16621  
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. \_\_\_\_\_  
 (b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
 (c) City St. Louis (d) Street No. 2312 S. 13 Str Registered No. 4155  
 (e) Length of residence in city or town where death occurred 27 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Martha Russell

(a) Residence, No. 2312 S. 13 Str St. 23 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eddie Russell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1892  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
46 05 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 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) Kentucky

FATHER 13. NAME Joseph Simpson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Rebeca Myatt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Eddie Russell  
 (ADDRESS) 2312 S. 13 Str.

18. BURIAL, CREMATION, OR REMOVAL PLACE SunSet Park DATE May. 5, 1939

19. FUNERAL DIRECTOR (NAME) Wm. C. Moydell  
 (ADDRESS) 1926 Allen Ave.

20. MAY 4 1939 19. \_\_\_\_\_  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May. 2, 1939, 19

I HEREBY CERTIFY, That I attended deceased from Jan. 1936, 19 to May 2, 1939  
 I last saw her alive on April 30, 1939 Death is said to have occurred on the date stated above, at 2 P.M.  
 The principal cause of death and related causes of importance were as follows:

Hypertension primary  
Arteriosclerosis general  
Heart Disease, hypertensive  
Barney Occlusion  
 Date of onset Nov '38

Other contributory causes of importance: \_\_\_\_\_  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? EXG 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) Lea S. G. G. G., M. D.  
 (Address) 3720 Washington St. Louis

no.

**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.....

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

working under my personal supervision.

Signed

*Benj. C. Dineen*

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

**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.**