

1939 JUN 24 1939

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

1945

Do not use this space.

1. PLACE OF DEATH 2
- (a) County St. Louis Registration District No. 830
- (b) Township East Linn Primary Registration District No. 4507
- (c) City St. Louis (d) Street No. _____ Registered No. 27
- (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
2. PRINT FULL NAME OTM Jessie Martin See
- (a) Residence, No. _____ St. (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) Divorced
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otis See
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13 1984
- | | | | | |
|--------|------------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| | <u>55-</u> | <u>2</u> | <u>28</u> | |
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 0
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelbina - mo
- FATHER
13. NAME Charles B Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
- MOTHER
15. MAIDEN NAME Nannie Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co mo
17. INFORMANT Ma Martin
(ADDRESS) St. Louis, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis, Mo. DATE May 13 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. Hayes
St. Louis, Mo.
20. FILED May 15 1939 Ruth Payne Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1939
22. I HEREBY CERTIFY, That I attended deceased from May 10 1939, to May 11 1939
- I last saw h. See alive on May 11 1939. Death is said to have occurred on the date stated above, at 4:25 a.m.
- The principal cause of death and related causes of importance were as follows:
- Cerebral Hemorrhage Date of onset May 10 - 39
- Other contributory causes of importance: High blood pressure 344mm
- Name of operation _____ Date of _____
- What test confirmed diagnosis? clinical 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) O. L. Caldwell, M. D.
St. Louis, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-974

Date Filed 6-9-39

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.....

Mr. Registered Apprentice No.....

working under my personal supervision.

Signed E. Hayes

Licensed Embalmer No. 1437

P. O. Address Shelburne, 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.