

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1939 SEP 7 1939

Registration District No. 184

Primary Registration District No. 106

Registrar's No. 1479

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Kirkwood
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 4 Years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Kirkwood
 (If outside city or town limits, write "RURAL")
 (d) Street No. 638 Woodbine Ave.
 (If rural: give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Lynn R. Martin
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 635

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 17
 year 1939 hour 4 minute 45 P.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife S. C. Martin
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 11 1873
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 16, 1939, to Aug 18, 1939.
 that I last saw her alive on Aug 18, 1939.
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 9 6 hr. min.

Immediate cause of death Cancer of stomach
 Duration ?

9. Birthplace Wellsville, Missouri
 (City, town, or county) (State or foreign country)

Due to _____
 Due to 46

10. Usual occupation _____

Other conditions _____
 (Include pregnancy within 3 months of death)

11. Industry or business Housewife
 12. Name W.M. SHACKELFORD
 13. Birthplace MO
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Aldrich
 (b) Address 221 1/2 N. Outpost St. St. Louis
 17. (a) Burial (b) Date thereof 8-24-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation Valhalla
 18. (a) Signature of funeral director Alexander + Sons
 (b) Address 6175 Delmar Blvd

While at work? _____ (Specify type of place)
 (e) Means of injury _____

19. (a) AUG 21 1939 (b) [Signature]
 (Date recorded at local registrar's office) (Registrar's signature)

23. Signature Paul E. Rutledge (M. D. or other)
 Address Kirkwood mo Date signed 8-19-39

Dr. Paul Rutledge
227 N. Kirkwood Rd.,
Kirkwood 842

Res. Ki 1893

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.....

Albert E. White....., Registered Apprentice No. *209*
working under my personal supervision.

Signed *J. W. Binkley*.....
Licensed Embalmer No. *3653*
P. O. Address *St. Louis, Mo.*

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

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