

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.

Registration District No. 701 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 1008 FILED FEB 17 1940  
(a) County Historic Missouri  
(b) City or town Historic Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 5069 Maple Ave. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Forty years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 1  
(c) City or town St. Louis 12  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5069 Maple Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Martha Ester

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Edgar Ester 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 6, 1853  
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Gordonsville Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Samuel Parrott  
13. Birthplace Selitude Virginia  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Martha Seath  
15. Birthplace Selitude Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rev. Walter L. Moore  
(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 1-23-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation OAK GROVE CEM

18. (a) Signature of funeral director Chas. A. Paul  
(b) Address 4457 Washington Bl.

19. (a) JAN 23 1940 (b) J. H. Brubaker  
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20  
year 1940 hour 4 minute 0 A. M.

21. I hereby certify that I attended the deceased from July 1936  
\_\_\_\_\_, 19\_\_\_\_, to January 20, 1940  
that I last saw her alive on January 19, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerotic Heart Disease Duration 7/10/36+

Due to Senility 7/10/36+

Due to \_\_\_\_\_  
Other conditions Old non union fracture of femur 7/10/36+  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature W. L. Moore (M. D. or other) \_\_\_\_\_  
Address 5400 Arsenal St. Date signed Jan 20, 40

**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 John Ketter  
Licensed Embalmer No. 3880

P. O. Address 4355 Washin

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

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