

FILED JUN 10 1940
Registration District No. **784**

Primary Registration District No. **101**

Registrar's No. **1023**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether
In this community 8 years
years, months or days)

3. (a) PRINT FULL NAME Louise Martin 635

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

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

6. (b) Name of husband or wife Walter Martin 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Nov. 21 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 6 5 hr. min.

9. Birthplace Unknown Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation nil.

11. Industry or business 1

12. Name Edward Price
13. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Walter Martin
(b) Address 111 So. Maple Ave-Ferguson

17. (a) Burial (b) Date thereof 5-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Modiamont

19. (a) MAY 28 1940 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. Chambers and Ames Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1940 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from 5-18-40
_____, 19____, to 5-26-40, 19____
that I last saw her alive on 5-26-40, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis 21
Duration 4 days

Due to Ruptured gangrenous appendix 1 day

Due to Chronic Appendicitis 2 mo.

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Ruptured gangrenous appendix
Of operations appendix
Of autopsy _____
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? _____

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

23. Signature Maurice A. Muehl (M. D. or other) M.D.
Address St. Louis County Hospital Date signed 5/27/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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2
2

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 *Geo. W. Clark*

Licensed Embalmer No. 1661

P. O. Address 1125 - Hodianna

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.