

No. 2
11-10-39
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X21492

DEPARTMENT OF COMMERCE
U. S. BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23844

State File No. _____

Registrar's No. **6289**

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bethesda Hospital
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 29 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2918 Allen Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Ada M. Martin 635

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

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

7. Birth date of deceased July 30 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 11 26 hr. _____ min.

9. Birthplace Fairmont Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name William Bailey

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Robert L. Martin

(b) Address 1729a Oregon Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 29 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope, Edgemont, Ill.

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive St. Louis, Mo.

19. (a) JUL 26 1940 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1940 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 24 1940 to July 26 1940
that I last saw her alive on July 25 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary congestion no definite lung disease caused from being bedridden one month
Due to _____
Due to _____

Other conditions Cerebral thrombosis
(Include pregnancy within 5 months of death) 3 wks

Major findings: Of operations gza
Of autopsy _____

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 Laverne R. Pitcock (M. D. or other) M.D.
Address 5233 Westwood Dr. Date signed 7-26-40

Duration 24 hrs
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Dr. Frances R. Ritchel
5233 Waterman Ave.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~XXXXXX~~

Robert T. Sangster, Registered Apprentice No. 259
working under my personal supervision.

Signed Neville R. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 3621 Olive St.

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.