

SEP 25 1940
Registration District No. 791

Primary Registration District No. 1003

State File No. _____
Registrar's No. 7186

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3957 Maffitt Avenue 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 11 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 3957 Maffitt
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25
year 1940 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from Aug 10th, 1940 to Aug 23rd, 1940
that I last saw her alive on Aug 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Asthma
Cardiac

Due to mitral Incompetency
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no

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)
(c) Means of injury _____

23. Signature M. A. Creech (M. D. or other) _____
Address 2626 Glasgow St Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME MARTHA GEORGE

8. (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 widowed

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

7. Birth date of deceased March 1, 1954
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name James Loudemilk

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Armanly Payne

15. Birthplace West Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Farmer

(b) Address 3957 Maffitt

17. (a) Burial (b) Date thereof Aug. 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Uffin, Ill.

18. (a) Signature of funeral director J. Edwards Son

(b) Address 4212 St. Louis Ave.

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

Handwritten notes or scribbles at the top of the page.

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

Joe A Howard

Licensed Embalmer No. *3941*

P. O. Address *4212 ST Louis*

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.