

NOV 16 1940
Registration District No. 791

Primary Registration District No. 1003

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:
STONE NURSING HOME 4373 W. PINE BLVD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 WEEKS
SIX YEARS (Specify whether years, months or days)

8. (a) PRINT FULL NAME MARY ELLEN MARTIN

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

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

7. Birth date of deceased MAY 17, 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 4 19 hr. min.

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

10. Usual occupation AT HOME

11. Industry or business _____

12. Name JOHN CRESAP?

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

14. Maiden name MARY UNKNOWN

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

16. (a) Informant JOHN H. PLAUSSARD

(b) Address 3555 MANHATTAN AVE.

17. (a) REMOVAL (b) Date thereof 10-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FARMER CITY ILLS.

18. (a) Signature of funeral director Arthur J. Donnell

(b) Address 3840 Lindell Blvd

19. (a) OCT 7 1940 (b) _____
(Date received local registrar) (City, town, or county)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3555 MANHATTAN AVE.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 6, year 1940 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from Nov 10, 1935, to Oct 6, 1940; that I last saw her alive on 8, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Penetrating Ulcer
Due to Senility
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy Sw
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 Home (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 James Reilly (M. D. or other) _____
Address 6125 Barman Ave Date signed 10/7/1940

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

St Marys Hospital
830 Am

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Russell

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.