

13-40
7-39
K23159

Registration District No. **7911** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **ST. Louis 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: **Barnard Free Skin & Cancer Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5.5 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **NR**
(c) City or town **HAYTI**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Martha F. Bridger**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **14th** day **OCT.**
year **1940** hour **1** minute **12 P.** M.

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

21. I hereby certify that I attended the deceased from **8/17**, 1940, to **10/14**, 1940;
that I last saw him alive on **10/14**, 1940;
and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **W. B. Bridger** 6. (c) Age of husband or wife if alive **51** years
7. Birth date of deceased **6/24/1893**
(Month) (Day) (Year)

Immediate cause of death **Streptococcus Peritonitis** Duration **4 days**

8. AGE: Years **47** Months **3** Days **20** If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

Other conditions **Carcinoma Cervix** **4 1/2 mos.**
(Include pregnancy within 3 months of death)

10. Usual occupation **Housewife**

11. Industry or business _____

Major findings:
Of operations **Peritonitis**
Of autopsy **Peritonitis**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name **James Taylor**
13. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Elizabeth Waldor**
15. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. B. BRIDGER**
(b) Address **HAYTI, Mo.**

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? _____

17. (a) **REMOVAL** (b) Date thereof **10-16-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **HAYTI, Mo.**

18. (a) Signature of funeral director **ALBERT H. WOPPE**
(b) Address **4110 WASHINGTON AV.**
OCT 15 1940

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **William H. Gray** (M. D. or other) **MD**
Address **Barnard Skin & Cancer Hosp** Date signed **10/14/40**

19. (a) _____ (b) _____
(Date received local registrar) (Date received from registrar)

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

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 *G. W. Wilkinson*
Licensed Embalmer No. 3575

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.