No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1941 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40483

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 10254

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

1. PLACE OF DEATH:

(a) County 1

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 das (Specify whether
In this community 12 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 1008 Leffingwell
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Mandy Martin

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 8 (Month) 4 (Day) 1856 (Year)

8. AGE: Years 84 Months 4 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Red River (City, town, or county) LA (State or foreign country) 1

10. Usual occupation None 1

11. Industry or business —

FATHER
12. Name Lee Grant Goodall 1
13. Birthplace Red River (City, town, or county) LA (State or foreign country)

MOTHER
14. Maiden name Louise
15. Birthplace Red River (City, town, or county) LA (State or foreign country)

16. (a) Informant Ellen Payne
(b) Address 1008 N Leffingwell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-40 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Mary Hade
(b) Address 4202 Finney

19. (a) DEC 13 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9
year 1940 hour 12:05 minute A. M.

21. I hereby certify that I attended the deceased from November 26, 1940, to December 9, 1940
that I last saw her alive on December 9, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease c̄ Dementia	Indef
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 1

23. Signature L. J. Erwin (M. D. or other)
Address 2600 Whittier Date signed 12-10-40

(Licensed Embalmer's Statement on Reverse Side)

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 S J Watson

Licensed Embalmer No. 2691

P. O. Address 2769 Choute

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

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