

No. 2
11-10-39
5-17-39
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8853
2263

State File No.

Registration District No. 7941

Primary Registration District No. 1003

Registrar's No.

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

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:
Homer Phillip Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 12 hours
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Carrie Higgs Martin

8. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 3. Color or race Colored

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

6. (b) Name of husband or wife Edward Martin

6. (c) Age of husband or wife if alive About 70 years

7. Birth date of deceased: Not Known
(Month) (Day) (Year)

8. AGE: Years About 59
Months Days If less than one day
hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business Wesley Higgs

12. Name Wesley Higgs

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

14. Maiden name Annie Thomas

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

16. (a) Informant South Kinloch Park Mo.

(b) Address 3-15-41

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

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. L. Beal and Co.

(b) Address 2726 Lucas Ave.

19. (a) MAR 11 1941 (b) J. T. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
St. Louis, Mo.

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

(d) Street No. Carson & 5th Ave.
Kinloch Park (If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1941 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 3

23. Signature Thomas J. Callahan (M. D. or other) _____

Address Deputy Coroner Date signed 3/11/41

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 *Birdie Best Anderson*

Licensed Embalmer No. *2929*

P. O. Address.....

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.