. No. 2
-4-13-40
5-17-39
PI X23159

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

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17
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9042
2452

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 YEARS (Specify whether years, months or days)
In this community 11yrs.4mo.29days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 00013
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2842 Morgan St.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Martha Hoyle
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female 3
5. Color or race Col
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 Feb. 15, 1888 (Month) (Day) (Year)
8. AGE: Years 53 Months - Days 24 If less than one day hr. min.
9. Birthplace Egypt (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Seamstress
11. Industry or business Seamstress
12. FATHER Name Unknown
13. FATHER Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. MOTHER Maiden name Unknown
15. MOTHER Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant L. Deggendorf
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof 3 18 41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington PK
18. (a) Signature of funeral director A. F. Walton
(b) Address 2707 Standard St
19. (a) MAR 18 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1941 hour 6:15 minute A. M.
21. I hereby certify that I attended the deceased from "L" 8-12-29 to 3-11-41, 19..; that I last saw her alive on 3-11-41, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral -hemorrhage (onset 3-11-41)	
Due to: Arteriosclerosis (onset 1929x)	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Yes	

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

23. Signature G. K. Brooks (M. D. or other)
Address City San. Date signed 3/17/41

(Licensed Embalmer's Statement on Reverse Side)

Not embalme

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.....

Licensed Embalmer No.....

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, fact should be so stated above.