

10-2
4-41
17-39
X26390

DEC 13 1941

Registration District No. 880

Primary Registration District No. 107

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
21 Waverton Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 76

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

(c) City or town Ladue
(If outside city or town limits, write "RURAL")

(d) Street No. # 21 Waverton Dr.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Josephine Martin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Late Frank P. Martin

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

7. Birth date of deceased Aug. 8th 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87	3	23	hr. min.
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9. Birthplace New Orleans La.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name James Hennessy

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

14. Maiden name Ann Hopkins

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

16. (a) Informant George Martin

(b) Address #21 Waverton Dr.

17. (a) Burial (b) Date thereof 12-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. K ngshighway Blvd.

19. DEC 2 1941 (Date received local registrar) (b) C. J. McCarroll (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st
year 1941 hour 5:15 minute P.M. M.

21. I hereby certify that I attended the deceased from June 1928 to December 1, 1941
that I last saw h er alive on November 29, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cardiac failure</u>	<u>2 wks.</u>
<u>Senile debility</u>	<u>3 yrs.</u>
Due to <u>Senile myocarditis</u>	<u>?</u>
<u>Senile dementia</u>	<u>?</u>
Due to <u>Arteriosclerosis</u>	<u>?</u>
Other conditions <u>Path. fracture lt. femur</u>	<u>8 wks.</u>

(Include pregnancy within 3 months of death)

Present from 8370

Major findings:
Of operations No

Of autopsy No

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) Acc

(b) Date of occurrence Jan 40 -

(c) Where did injury occur? Home - Ladue
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Fallen her from iron chair
(Specify type of place)

(e) Means of injury Fall

While at work? _____

23. Signature A. J. Kotter (M. D. or other)

Address 462 N. Taylor Date signed 12/2/41

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

462 N. Taylor Ave
Llister Bldg. 0 1-3

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..... *Edwin M. Herriott*

Licensed Embalmer No. *3024*

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.