

No. 2
-1-4-41
-17-39

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39889**
Registrar's No. **9597**

Registration District No. **791**
Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) 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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Hours**
(Specify whether
In this community **Life Time**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3030 Delmar Blvd.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **ADA MARTIN**
3. (b) If veteran, name war **none**
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **1st**
year **1941** hour **2:30** minute **0** P. 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.

4. Sex **female**
5. Color or race **negro**
6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife **James Martin**
6. (c) Age of husband or wife if alive **dead** years
7. Birth date of deceased **September 12th 1879**
(Month) (Day) (Year)

Immediate cause of death
Coronary Thrombosis (Sclerosis)
Due to **Diffuse Arteriosclerosis**

8. AGE: Years Months Days If less than one day
62 **2** **19** hr. min.

Other conditions **gla**
(Include pregnancy within 3 months of death)
Major findings:
Of operations **gla**
Of autopsy **gla**

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **House Work**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name **Abraman Diggs**
13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Lula Buril**
15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Emma Sasaway**
(b) Address **618 N. Garrison Ave**
17. (a) **Burial** (b) Date thereof **12/6/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenwood Cemetery**

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)
Means of injury **0**

18. (a) Signature of funeral director **C.W. Roberto**
(b) Address **3035 Lucas Ave**
19. (a) **DEC 3 1941** (b) **J.F. Bredeek**
(Date received local registrar) (Registrar's signature)

23. Signature **Alfred Perry** (M. D. or other).....
Address **1212 1/2** Date signed **12/14/41**

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.....

Myself
.....
working under my personal supervision.

Registered Apprentice No.

Signed *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *2649 Welmar*

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.