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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 596

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 115

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: BARNES HOSPITAL O
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jersey

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frances Emily Martin

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Sept. (Month) 2 (Day) 1888 (Year)

8. AGE: Years 53 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Carrollton (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name R. Angle
13. Birthplace (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Eunice Brown
15. Birthplace Kane (City, town, or county) Illinois (State or foreign country)

16. (a) Informant R. R. Martin
(b) Address Fieldon, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-5-42 (Month) (Day) (Year)
(c) Place: burial or cremation Jerseyville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JAN 5 1942 (Date received local registrar) (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3 year 1942 hour 4 40 P.M. minute M.

21. I hereby certify that I attended the deceased from December 15, 1941, to January 3, 1942 that I last saw her alive on Jan. 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast, right

Due to with pulmonary metastasis, right

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. R. Lischer (M. D. ~~or coroner~~)

Address Barnes Hospital Date signed 1/3/42

(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. Guy W. Wilkinson

Licensed Embalmer No. 3575

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.