

FILED MAR 17 1942 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:  
1708 Arlington  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community 5 days  
years, months or days)

3. (a) PRINT FULL NAME Martha Elizabeth Hanaberry

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Thomas 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 23 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 7 28 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Eahram Gilmore

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

14. Maiden name Elizabeth Ross

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

16. (a) Informant William Dyer

(b) Address 1708 Arlington

17. (a) Interment (b) Date thereof 2-23-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentzville, Mo.

18. (a) Signature of general director Pitman

(b) Address Wentzville, Mo.

19. (a) FEB 21 1942 (b) J. T. Brodbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Charles  
(c) City or town St. Charles C  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20  
year 42 hour..... minute..... M.

21. I hereby certify that I attended the deceased from April 5th 1942 to Feb. 20 1942  
that I last saw her alive on Feb. 20 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Duration One day

Due to Hy pertension

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

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.....

23. Signature Peter H. Clark (M. D. or other)

Address 4701 St. Louis Ave Date signed 2/21/42

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  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*R. E. Pitman*

Licensed Embalmer No.....

*2711*

P. O. Address.....

*Wentzville*

**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.**