

FILED APR 13 1947

Registration District No. 147917

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. George Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 0
(Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4560a Susan Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nola McVey Martin

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 Married
6. (b) Name of husband or wife Harold S. Martin 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Jan. 12th 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Andy Mc Coy
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Miss Ackman
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Harold S. Martin
(b) Address 4560a Susan Ave
17. (a) Burial (b) Date thereof Mar 25 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director Frederick Martens
(b) Address 228 So. Kings Highway
19. (a) MAR 25 1947 (b) J. F. Oredock
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day twenty-fourth
year 1947 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 20, 1947 to March 24, 1947
that I last saw her alive on March 23, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Central thrombosis Duration 1 week
Due to Generalized arteriosclerosis Heart
Due to MI
Other conditions hypertension; syphilis Heart
(Include pregnancy within 3 months of death)

Major findings: Of operations none performed PHYSICIAN —
Of autopsy above confirmed 5/4 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) no
(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 J. O. Brown (M. D. or other) M.D.
Address 1375 So Grand Blvd. Date signed 3/24/47

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

Edwin J. McPherson

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.