

FILED JUN 22 1942 791

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5152

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:
3942 Washington Avenue
(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)

3. (a) PRINT FULL NAME **Sylvia Esther Martin**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **491-14-4671**

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

6. (b) Name of husband or wife **William C. Martin** 6. (c) Age of husband or wife if alive **32** years

7. Birth date of deceased **January 20 1915**
(Month) (Day) (Year)

8. AGE: Years **27** Months **4** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace **Crawford Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laundress**

11. Industry or business **Anderson Laundry**

MOTHER FATHER

12. Name **Ben Reeves**

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

14. Maiden name **Lula Price**

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

16. (a) Informant **Roscoe B. Reeves**

(b) Address **4760 Northland**

17. (a) **Removal** (b) Date thereof **6-14-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Owensville, Missouri**

18. (a) Signature of funeral director **J. F. Stuart**

(b) Address **1225 Union Blvd.**

19. (a) **JUN 13 1942** (b) **J. F. Stuart**
(Date of registration) (Registrar's signature)

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. **3942 Washington Avenue**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11**
 year **1942** hour **5:10** minute **A.** 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.

Immediate cause of death **Subdural Hemorrhage of Brain and Cord which had been caused by one William Carter Mather and fell against the wall at 2511 North Prairie Ave. about 1:00 AM June 11 1942**

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: **None**
operations

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Excusable Homicide**
 (b) Date of occurrence **June 11 1942**
 (c) Where did injury occur? **at home**
(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? **no** Means of injury **fall**

Signature **W. H. Perry** (M. D. or other) _____
 Address _____ Date signed **6/13/42**

Physician

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

974
 0619

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 Harold H. Burnley

Licensed Embalmer No. 7202

P. O. Address: St. Louis, Mo.

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.