S. No. 2
M—5-42
y. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26026

State File No. 7374

Registration District No. 818 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 32 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St. Louis, 11 8
(If outside city or town limits, write "RURAL")
(d) Street No. 4137 Fairfax
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sweetie Martin
3. (b) If veteran, name war ----
3. (c) Social Security No. None
4. Sex Female
5. Color or race Negro 3
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife James Martin
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased Unavailable (Month) 1892 (Day) (Year)

8. AGE: Years Abt. 50 Months Days If less than one day hr. min.

9. Birthplace Logan Co. (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Housework
11. Industry or business Private Family
MOTHER FATHER
12. Name Green Evans
13. Birthplace Logan Co. (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Sallie Gains
15. Birthplace Logan Co. (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mary Slater
(b) Address 4137 Fairfax Avd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.
19. (a) SEP 2 1942 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31, year 1942 hour 8 minute 45 A. M.
21. I hereby certify that I attended the deceased from August 23, 1942 to August 31, 1942; that I last saw her alive on August 31, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hypertensive Heart Disease — Unknown
Chr. Glomerulo Nephritis — Unknown
Due to
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature C. R. Sperry (M. D. or other)
Address 260 Whittier Date signed 9/1/42

844 (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 James A. Johnson

Licensed Embalmer No. 3522

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.