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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 87

Registration District No. 318

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 10 mos. 26 days (Specify whether
In this community 18 mos. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2645 Lawton
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Maria Martin

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex Female

5. Color or race Col 3

6. (a) Single, widowed, married, divorced Widow 2

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

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

7. Birth date of deceased June (Month) 15 (Day) 1872 (Year)

8. AGE: Years 70 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Pike County Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business House work

FATHER
12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant [illegible]

(b) Address 2645 Lawton ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-6-43 (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Mo.

18. (a) Signature of funeral director O. W. Holmes

(b) Address 2829 Washington ave

19. (a) JAN 5 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2, year 1943 hour 6 minute 55 A. M.

21. I hereby certify that I attended the deceased from February 6, 1943, to January 2, 1943; that I last saw her alive on January 2, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Unk.
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

23. Signature Alva Moore (M. D. or other)

Address Ho. Whittier Date signed 1/4/43

(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 Oliver Wendell Holmes

Licensed Embalmer No. 4190

P. O. Address 2829 Washington

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.