

FILED JUN 4 1943

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of town limits)

(c) Name of hospital or institution: **St. Mary's Hospital**
(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

2. USUAL RESIDENCE OF DECEASED: **000 125 925**

(a) State **Missouri** (b) County _____

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

(d) Street No. **1126 N 13 St**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MARTHA LAY**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **Cal.**

6. (a) Single, widowed, married, divorced, **divorced**

6. (b) Name of husband or wife **Johnson Ray**

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

7. Birth date of deceased **Feb 28 1893**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 2 12 hr. _____ min.

9. Birthplace **Belgonia** **Miss 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **nil**

MOTHER FATHER

11. Industry or business _____

12. Name **Dan Perkins**

13. Birthplace **not know** **Miss 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Rosie Humphrey**

15. Birthplace **Lumberton** **N.C. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Peter Parkyn**

(b) Address **1934 4 Franklin**

17. (a) **Burial** (b) Date thereof **May 15 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **A. D. Richardson**

(b) Address **2125 Glasgow**

19. (a) **MAY 1 1943** (b) **J. J. Bredent**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **10** year **1943** hour **8:36** 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 _____

Due to **Coronary Hypertrophy**
Atherosclerosis
Chronic Interstitial Nephritis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature **Alfred Perry** (M. D. or other) _____

Address _____ Date signed **5/12/43**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

A.D. Richardson

Licensed Embalmer No. *2928*

P. O. Address. *2625 Blisgrass*

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.