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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 4519

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

RECORDED MAY 27 1943 18
Registration District No. _____

Primary Registration District No. 1003

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:
St. Louis City 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 _____ 13 months _____ (Specify whether
years, months or days)

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. 1431a Westrehan
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mattie Martin
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 14
year 1943 hour 9:30 minute A. M.
21. I hereby certify that I attended the deceased from April
29, 1943 to May 14, 1943

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Zach Martin
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased May 10 1975
(Month) (Day) (Year)

that I last saw h. or alive on May 14, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma
abrupting common bile duct.
Ruptured liver abscess.
Due to Primary in Bill
Due to Apex

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>0</u>	<u>4</u>	hr. _____ min.

Other conditions (include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy Same

9. Birthplace Dresden Tennessee
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
12. Name Unknown Cooper
13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earl Scott
(b) Address 2616a Hebert
17. (a) Burial (b) Date thereof 5 17 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. John's Cemetery
18. (a) Signature of funeral director Quelmy's Sons
(b) Address 3934 N. 20th St.
19. (a) MAY 14 1943 (b) J. F. Bredsch
(Date received local registrar) (Registrar's signature)

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) Means of injury _____
23. Signature M. D. Thomas (M. D. or other) _____
Address 1515 Lafayette Avenue, Date signed 5/14/43

MOTHER FATHER

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..... *Alfred J. Boediker*.....
Licensed Embalmer No..... *2663*.....
P. O. Address..... *5938 Alpha*.....

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.