

LED JUN 4 1943 3/18
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:
(a) County St Louis mo
(b) City or town St Louis mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 40
(a) State Missouri (b) County Reynolds
(c) City or town West Fork
(If outside city or town limits, write "RURAL" NR)
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 22
year 1943 hour 8:44 minute _____ A. M.

4. Sex Female / race White
5. Color or race _____
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Amel Martin
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased January 20, 1906
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 26, 1943, to May 22, 1943, that I last saw her alive on May 22, 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>4</u>	<u>22</u>	hr. _____ min.

Immediate cause of death Carcinoma of stomach
Duration _____
Due to _____
Due to _____

9. Birthplace Reynolds County Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name William Wood
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Artie Parker
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant Amel Martin
(b) Address West Fork, Missouri

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

17. (a) Burial (b) Date thereof 5/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation West Fork, Missouri

While at work? _____ (Specify type of place)
(e) Means of injury _____

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.

23. Signature M. C. Abney (M. D. or dentist) _____
Address BARNES HOSPITAL Date signed 5/22/43

19. (a) MAY 25 1943 (b) J. F. Brebeck
(Date received) (Registrar's signature)

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

MOTHER FATHER

6627

6627

STATEMENT BY LICENSED EMBALMER

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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 *Henry M. Brammer*.....

Licensed Embalmer No. *4200*.....

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.