. S. No. 2
OM—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16689

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 1499

MAY 27 1943

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: residence-5819 Pershing Avenue
(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:

(a) State Missouri (b) County

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

(d) Street No. 5819 Pershing Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARTHA WOODRUFF TRASK

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 22 (Day) 1874 (Year)

8. AGE: Years 69 Months 2 Days ~~22~~ 21 If less than one day hr. min.

9. Birthplace New York City (City, town, or county) New York (State or foreign country)

10. Usual occupation at home

11. Industry or business

PATHER
12. Name John Woodruff.
13. Birthplace New York City (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Mary Ackerley.
15. Birthplace New York City (City, town, or county) New York (State or foreign country)

16. (a) Informant Mr. Louis J. Portner
(b) Address 5819 Pershing Avenue

17. (a) entombment (Burial, cremation, or removal) (b) Date thereof 5-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) MAY 14 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th year 1943 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from 4/19/38 & 5/12, 1943 to , 19 ; that I last saw her alive on 12th of May, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage Gastro Intestinal

Due to While not confirmed by X Ray.

Due to A carcinoma was suspected

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 C. W. Bassett (M. D. or other) M D

Address 4500 Chou St Date signed 5/13/43

(Licensed Embalmer's Statement on Reverse Side)

4499

4499

Dr.Herman Meyer.Mept. Bldg.JE-4141

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 Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, Mo

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.