7. S. No. 2
00M—2-43
ev. 5-17-39
P I X3585

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. 26921

FILED AUG 23 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7264

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: CITY HOSPITAL, O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 0001 17 9

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 5301 PAGE BLV.
(If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME MARTHA HELEN MOREY

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased FEBRUARY-13-1869 (Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 28 If less than one day hr. min.

9. Birthplace MO. O (City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name UNKNOWN MOREY
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 Mr Richard Bland

(b) Address

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 14-1943 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schmurr

(b) Address 3125 Lafayette Av

19. (a) (Date received by Registrar) (b) J. F. Bredel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1943 hour 8:25 minute PM.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;

that I last saw h..... alive on ....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death Intracranial Hemorrhage

Due to Fracture of Brain, ordema of Brain, when she was struck by an Automobile driven by one Edwin Arthur Ellington in front of 6109 Potomac St. about

Due to 1:00 P.M. Aug 8 1943

Duration

Other conditions (Include pregnancy within 3 months of death) NO

Major findings:
Of operations NO

Of autopsy NO

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) Accident OR

(b) Date of occurrence Aug 8, 1943

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? no (e) Means of injury Auto

23. Signature Thos. J. Callaway (M. D. or other)

Address 1300 Clark Date signed 8/12/43

(Licensed Embalmer's Statement on Reverse Side)

SEP 3 19[illegible]

OCT 5 1944

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 Jos B Vollmer

Licensed Embalmer No. 4014

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.