14
No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30511

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8217

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 2 Days 0
(Specify whether years, months or days)
In this community

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. 4202a Sarpy Street.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Martha Warren

3. (b) If veteran, name war Nil

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 Edward Warren

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

7. Birth date of deceased February (Month) 27 (Day) 1890 (Year)

8. AGE: Years 53 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Marion (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name K. L. Watkins
13. Birthplace Unavailable (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Ruth Smith
15. Birthplace Unavailable (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Freeman Warren
(b) Address 4202a Sarpy Street.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/16/43 (Month) (Day) (Year)
(c) Place: burial or cremation Marion, Illinois

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

19. (a) SEP 15 1943 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1943 hour 10 00 minute P M.

21. I hereby certify that I attended the deceased from Sept 13, 1943, to Sept 14, 1943 that I last saw her alive on Sept 14, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	4 days
Due to: Carcinoma of the Urinary Bladder with Metastasis	9 Mos.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy REFUSED

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 0

23. Signature [illegible] (M. D. or other) M.D.
Address St Louis City Hospital Date signed 9/15/43

(Licensed Embalmer's Statement on Reverse Side)

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address City

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.