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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 9 1943

State File No. 0
Registrar's No. 2241

Registration District No. 37 Primary Registration District No. 3063

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
In this community About 4 hours (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 6810 Natural Bridge Rd.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mildred Marie Martin
3. (b) If veteran, name war none
3. (c) Social Security No. 494-07-1540

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carl S.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 16 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 7 14 br. min.

9. Birthplace Granite City Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Inspector

11. Industry or business McQuay-Norris

12. Name Reuben David Beasley

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Lulu McIlvoy

15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant David Beasley

(b) Address 6810 Natural Bridge Blvd.

17. (a) Burial (b) Date thereof 10-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nation Cem. Jefferson, Bar. Public place

18. (a) Signature of funeral director Henry Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) 10-5-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1943 hour 5:20 minute A M.

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 Struck by an automobile while a pedestrian on a public highway.
Due to Comp. frac. r. leg; Multiple fractures of pelvis; Laceration of liver; Contusions of lung, diaphragm and bladder.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 170c-4 21
Of autopsy Yes.

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) Homicide.

(b) Date of occurrence Sept. 30, 1943

(c) Where did injury occur? 6800 Natural Bridge
(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) (e) Means of injury

23. Signature H.S. Preyboole Deputy Coroner
(M. D. or other)

Address Kirkwood, Mo. 10-1-43 Date signed

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

6
3

57618 7 934

DEC 7 1943

FEB 16 1944

OCT 31 1945

JAN 4 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 Womer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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.