

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10038**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Beulah Martin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Colored 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 May 12, 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 6 1 hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name Lewis Martin

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

14. Maiden name Maggie Fountain

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

16. (a) Informant Maie Pinckney

(b) Address 625 Holly

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 18, 43
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Lee J. Sneed

(b) Address 3615-17 E. 17th St.

19. (a) NOV 16 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17
(d) Street No. 625 Holly (If rural, give location) 99
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13,
year 1943 hour _____ minute 30 P. M.

21. I hereby certify that I attended the deceased from November
3, 19 43 November 13, 19 43
that I last saw her alive on November 13, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Autopsy: Carcinoma of Stomach with metastasis
Duration Indef.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) H/O

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature S. E. Smith (M. D.)

Address 2601 Whittier Date signed 11/16/43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

..... *myself*, Registered Apprentice No.....
working under my personal supervision.

Signed..... *[Signature]*

Licensed Embalmer No. *2266*

P. O. Address *2812 Thomas Harris*

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.