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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. 39806

FILED JAN 12 1944

Registration District No. 1818

Primary Registration District No. 1003

Registrar's No. 12016

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
Max C. Starkloff Memorial 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17

(c) City or town St Louis 10 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2922 N. Prairie Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Martin Fortune

3. (b) If veteran, name war

3. (c) Social Security No. 493-03-4050

4. Sex M

5. Color or race W 0

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Edna Fortune

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

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

8. AGE:

Years	Months	Days	If less than one day
53	8	4	hr. min.

9. Birthplace St Louis Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business Ward & Mack Transfer Co

FATHER
12. Name Martin Fortune
13. Birthplace Ireland 7
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret O'Donnell
15. Birthplace St Louis Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edna Fortune
(b) Address 2922 N. Prairie Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-44
(Month) (Day) (Year)

(c) Place: burial or cremation ST PETERS ~~St Peters~~ Cemetery

18. (a) Signature of funeral director Sullivan Bros.
(b) Address 2849 N. Euclid Ave.

19. (a) DEC 31 1943 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31
year 1943 hour 9:40 minute A M.

21. I hereby certify that I attended the deceased from December 28, 1943, to December 31, 1943; that I last saw him alive on December 31, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Incarcerated Hernia Peritonitis

Due to

Due to

Other conditions 122
(Include pregnancy within 3 months of death)

Major findings: Of operations Peri

Of autopsy Peritonitis, Incarcerated Hernia

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 G. L. Campbell, (M. D. or other)
Address 1515 Lafayette Ave. Date signed 12/31/43

(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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address.....

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.