S. No. 2
M—2-43
5-17-39
I X35697

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

Wm. Finley

State File No. 4205

FILED FEB 7 1944

Registration District No. 3447

Primary Registration District No. 6076

Registrar's No. 253

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3322-Dix Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 3322-Dix Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Martha Josephine Autry

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife George A

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased OCT. (Month) 14 (Day) 1883 (Year)

8. AGE: Years 60 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Piggott (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name JOHN CRITTENDEN
13. Birthplace Unknown (City, town, or county) KY. (State or foreign country)

MOTHER
14. Maiden name JANE BEARD
15. Birthplace Unknown (City, town, or county) ARK. (State or foreign country)

16. (a) Informant George A. Autry
(b) Address 3322-Dix Avenue Overland, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-44 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Baumann Brothers inc
(b) Address 2504-Woodson Rd Overland

19. (a) FEB 1- 1944 (Date received local registrar) (b) E. G. McGavran, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1944 hour 9 minute 45 A M.

21. I hereby certify that I attended the deceased from Sept 26, 1943 to Jan 26, 1944 that I last saw her alive on Jan 26, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Carcinoma of Gall Bladder & Liver

Due to Dant Kiesen

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy 46 F

Duration: 6 Mo.

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 J. L. Fischer M.D. (M. D. or other)

Address 9 E. 29 Midland Date signed 1-27-44

(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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.